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ABSTRACT

This guide and accompanying facilitator's handbook take a family approach to problem drinking. They are intended to accomplish the following purposes: (1) increase knowledge and understanding of alcoholism, its progression as a disease, and its effects on the alcoholic and the family; (2) provide an opportunity for sharing knowledge and experiences and exploring ways of communicating and responding to other persons and situations; and (3) develop a better understanding and appreciation of one's self. Discussions, readings, and assignments throughout four weekly sessions assist in achieving these purposes. (Author/JLL)

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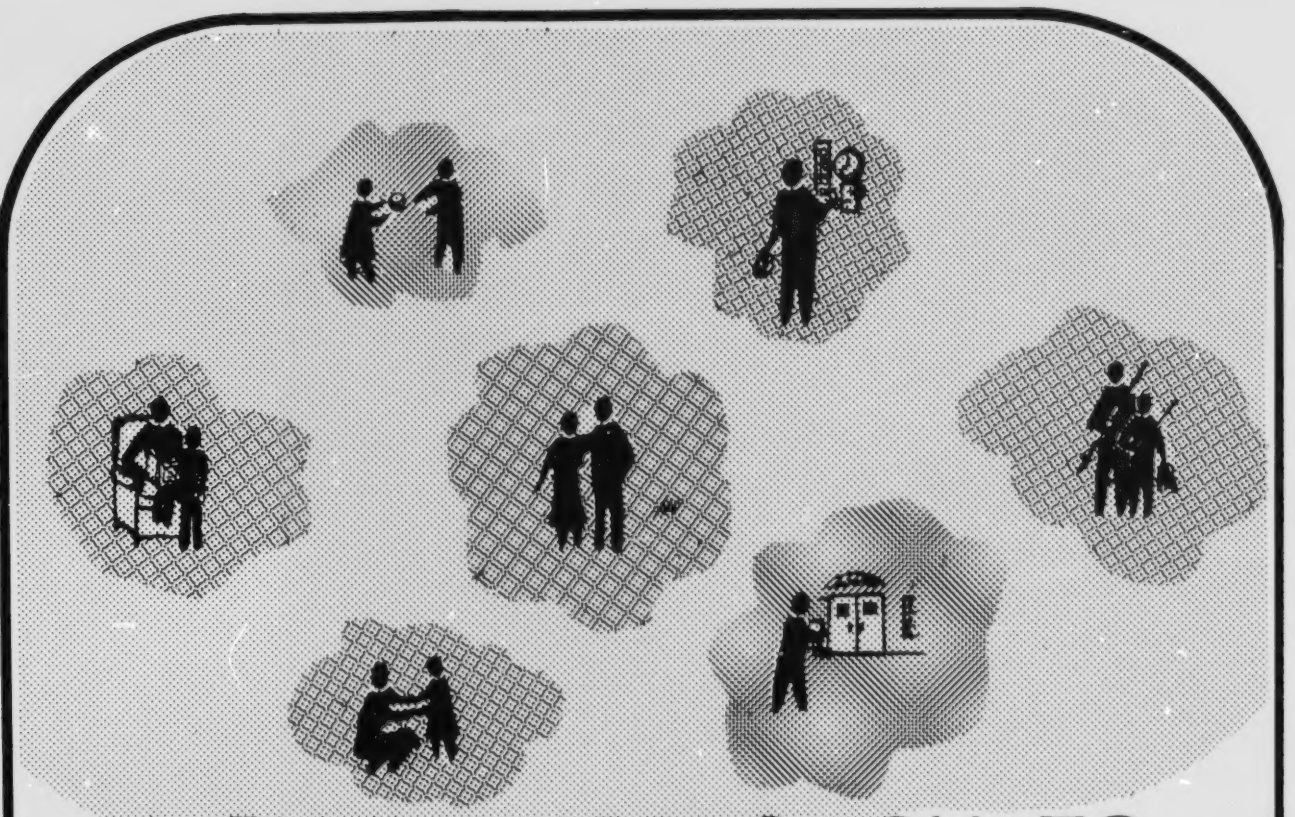

A FAMILY APPROACH TO

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PROBLEM DRINKING

BY DON & NANCY HOWARD

CG 012069

A FAMILY APPROACH TO PROBLEM DRINKING

The Four Week Family Forum

by Donald and Nancy Howard

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Our expressions of appreciation include a countless number of people and families we have encountered over the years beginning with those persons who created us. Some people have been thanked many times, but with others the feeling did not form into words remaining within our heads and hearts. Some were believers willing to invest in a plan daring tradition and myth. Others challenged our philosophy and deeds resulting in our examining and redefining directions and methods.

Our families, our friends, our challengers, and our children, invested time, energy, tears, strong shoulders, thick and thin wallets, talent, sheer nerve, kind words, extraordinary humor, forgiveness, understanding, long hours, little pay, hurt feelings, warm hugs, criticism, and perhaps the greatest gift of all---their persons.

God go with all these persons and bless them each day of their lives.

We would like to acknowledge the contributions from the publications of Virginia Satir, Rev. John Powell, S. J., and Fredelle Maynard with Rona Maynard.

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There is one primary must if you want to help someone with a drinking problem and that is to become informed yourself. Learn about alcoholism, what it is, what it is not, how it affects people, and the alternatives available for treatment.

When you have information about alcoholism you can be of assistance in working with the reality of the situation. Your attitude will be important and knowing the facts rather than the inaccurate myths increases your value as a helper. Professional help is available for treatment of alcoholism just as it is for cancer, heart disease, diabetes, with an even greater chance for recovery.

INTRODUCTION AND WELCOME

This introduction is an integral part of the Forum. We believe that reading our personal experiences helps establish a rapport with the reader and explains our philosophy of early intervention. Our approach to problem drinking evolved from our life and work into a program that says the family can and should get involved in the treatment of alcoholism. The Forum in certain parts is written in the first person singular for ease of reading but all that is described results from a collaboration of experience and effort.

No matter how many times we work with a group of people, the first session of the Family Forum creates some feelings of anxiety within me because I do not know who the people are, only their names. I imagine that some of you may be apprehensive, wondering what the Forum is and what is going to happen to you or for you. You might be thinking or worrying about what you will say or will be asked to say. These thoughts and concerns are not unusual but seem quite appropriate for any person who is walking into an unfamiliar setting with people who are strangers. These anxieties are sometimes increased by the uncomfortableness in discussing alcoholism or the person with the drinking problem.

The words "alcoholism" and "alcoholic" carry years of stigma and stereotyped images. We have learned over the years not to discuss these matters. Influenced by misconceptions we have thought the alcoholic to be a weak person or lacking in moral fortitude. The topic of problem drinking or alcoholism can be embarrassing until we can

understand alcoholism as a disease. Many times people have grown up in a family where it was a rule not to speak to other family members about problems much less "outsiders." The reason most people seek help for a problem in their families is because they care and love, not because they are tearing down another's reputation or trying to injure or harm. If drinking is a problem in your family, it is your responsibility to seek assistance. The consequences of alcoholism in a family are painful and far reaching spilling over into future generations of families.

Before we continue further, we want you to know who we are and "why" the Forum exists. For these reasons we wanted to share some of our life experiences with you as the Forum is an outgrowth of these experiences. Keep in mind that we do not want you to use our experiences as a measuring gauge for your own life. The significance of relating our past is to provide the rationale for our approach to problem drinking and to become acquainted.

Our life-style and patterns of behavior have changed drastically in these last years until it seems our past belongs to other people. Indeed, our present values, priorities, methods of communication and problem solving do not have all their roots in our early years but new roots developed later after pruning away the rambling unattended growth made room for healthier roots and development.

In 1960 Don and I were introduced, a blind-date arrangement. That date launched a relationship of unknown course which would for the next four years alternate between calm and turbulence but always

be dominated by the unpredictableness of its direction and climate. Our three-month courtship had a schedule of events varying from bleacher seats at a ballgame to dinner and dancing at our city's finest hotel. I glimpsed Don's immaturity from time to time but never dreamed he had a drinking problem. My eyes saw what I wanted them to see, for I also brought a dowry of youthful confusions and low self-confidence to our marriage.

The patterns we had woven in courtship were not to be broken in marriage for we knew only the same designs for acting and responding. Drinking was the prominent thread running its course through our early years. It seemed almost all our social situations involved drinking. Alcohol was present or at least readily available everywhere we went. Don's drinking behavior did not seem out of place against a background of social drinking events, but it began to stand out as unusual against the backdrop of marriage and new responsibilities.

He was not drunk all day or all night, nor did he drink daily. However, he did rely on alcohol to ease his entry into social situations, to escape worry, and to bear the pain of broken dreams and unachieved goals. He had learned in his late teens that when problems occurred at school, home or with his social life, a few drinks relieved the pain. Alcohol helped him get through the uncomfortable evening or situation. Don was unaware he was learning to depend on alcohol to handle life situations.

And so our marriage rolled along, even merrily at times, attempting

to ignore the reality as our circumstances went from middling to muddling. The progression was not steadily downhill but interspersed with a few plateaus. Don was a charming and fun person. Why any person who knew him would tell you he was a marvelous generous man. The good days and pleasant moments would last until a crisis situation, usually following an extremely unpleasant incident of drinking. Always adding to our confusion was our love and genuine enjoyment of each other's sober company.

During the times of peace we coasted and I would be lulled into believing that things would work between us. I would watch Don play with our two small daughters convinced that he cared. He enthusiastically participated in every aspect of their care. I was bewildered and angry when I discovered he would drive in an intoxicated condition with our two girls beside him in the car. It made no sense to me that a father who adored his two girls would take such a risk with their lives. I questioned his love for us unable to understand his conflicting actions.

We might be at a party or out for the evening having an enjoyable time; Don would reach a point when he would change, his person would alter, at least to me. I would ask, "Don, don't you think you've had enough to drink?" This ridiculous question always resulted in a defensive answer. He might respond with only a look that seemed to scream, "Hate!" at me, or with words, such as, "Why don't you get off my back. I'm not a child and don't need a mother. Are you trying to ruin a good time for everyone? I can tell when I've had enough."

Occasionally he would be remorseful or feel pressure from some

external force, such as the job, and go "on the wagon," but he was never successful for any extended length of time. An opportunity eventually would present itself and he would reach for "just one beer." The days of normalcy would halt abruptly and emotions escalate day by day peaking in outbursts of anger and hurt. The debts also climbed to staggering heights looming like unclimbable mountains before us and the days of sanity would erode washing away hope.

Those impossible miserable bills, robbing Peter to pay Paul was our strategy. At one point we had a monthly payment due every 26 hours excluding utility bills. Creditors harrassed Don at work; the fear of being called to the phone while his fellow workers listened haunted him. The phone would ring and Don would cringe, stimulus-response, day after day. His tactic was promise them anything to get them off the phone. He would figure things out later, after work. Those evenings he drank heavily because the figuring was not easy. In all probability the evening would end adding more debt by writing a rubber check for more alcohol or to get the cash to pick up another bad check. Within the world of his thoughts, Don promised himself that we were going to get out of debt. "I'll slow my drinking down this time," believing within his head that he would. Don remembers, "At that point in my life I would not have labeled myself an alcoholic. Yet, I knew that drinking was a problem and a planned approach to me as a problem drinker might have been successful."

From the outside looking in, we appeared to be an ordinary young couple working hard to buy a house, raise a family and enjoy life---too young, too respectable, too average to be a family with an alcohol

problem. From the inside looking out, the view was frightening. What was happening to us? Why did we quarrel so often? Every discussion with two viewpoints eventually became emotional and uncontrollable never staying where it began. Why were we always in a financial mess? No sooner did we climb out of one hole that we discovered ourselves quickly and efficiently digging another. Is it possible to love and hate a person at the same time, or was I crazy, or was he crazy? So many problems and we knew no answers, only questions.

The one memory or action that I associate with that long ago is standing and staring out the window at the night. I can not imagine how many hours I used to spend with the drapes held back from my face standing and staring. I was very careful because I did not want passing cars or neighbors to see me. My eyes would focus on the night and my mind would drift and flow from one thought and feeling to another. Where could he be? I wanted Don home safe with me, then I would become so enraged suspecting he was drinking or out having a good time with people I disliked and wish he would never come home. If he would have an accident, all my problems would be over. People would give me sympathy and attention; I wouldn't have to figure out all this mess until it made sense. Occasionally the passing lights would stir me back to my present and I would walk through the dark rooms and cry - and cry. I asked God to forgive me for my hateful thoughts. My guilt and resentments grew and grew.

No matter when he came home I was ready with some action, but none of them worked. Those scenes were futile and destructive for both of

us, perhaps more for me because he was sedated with alcohol and many times could not remember what was said or happened the following day.

In the beginning, we found many circumstances and people to blame for our difficulties and inadequacies. I call them the "if only's": if only Don had finished school, if only he cared, if only I was more understanding, if only he didn't drink quite as much, if only I had not lost my job, if only we could get away, if only, if only, if only. Drinking was not recognized as a problem. Never did it enter my mind those first few years that my husband was an alcoholic. How could a person be young and be an alcoholic? Have a family like ours and be an alcoholic? Our ignorance was shared by many others. We approached our parish priest for help. He merely cautioned Don to cut down to four beers a night and urged more togetherness as a couple.

Now when I look back I can laugh at some of our antics. Don would come home from the store and tell me he had ran into Father. Father had remarked how well Don was doing ---maybe he could have a couple more beers. Sounds outrageously ridiculous today, but then many things were believable.

We embarrassingly consulted a marriage counselor who at the first meeting pointed to our financial difficulties recommending consolidation of our bills, the obvious source of our problems. These people were good-intentioned, but knew little about alcoholism and nothing about early identification of a drinking problem.

My thoughts were in a tangle most days. I despised Don's friends, blaming them for his drinking and embarrassing behavior. People would

say, "Don is such a great guy." A great guy, the life of the party, but I was the one who rode home with him fearing the ride; I was the one who knew another Don, for at times he seemed to be two people. Little did I suspect how tangled his thoughts were or his fear. He, too, wanted to put the brakes on our circular ride. Only after sobriety did he speak of those fears:

"Remembering only segments of scenes, living in fear, worrying about the family and bills, feeling sorry for myself, wanting and waiting for things to get better, resolving to quit drinking and then I would order one more before going home to face Nancy. I would awake on a Sunday morning determined to make up for the night before, to be the loving husband and father. Then at church I would invite a neighbor over to the house and with one drink all my intentions disintegrated."

Neither one of us could speak our fears without blame, or discuss solutions without accusations---two people living together in the same space yet isolated within their own minds unable to understand.

I dreaded the nights lying next to Don and not wanting to touch; all the hurt stretched out between us. He loved me or so he said and the next week called me degrading names. I would retaliate with cruel words and an argument was started at bedtime resulting in our being angry accusing each other of rigidity and coldness. Both of us were afraid of rejection, afraid of the other really knowing mind and heart.

The weekends were the worst because no work the next day meant more alcohol the night before. Tension built on the weekends. Who would be the one to speak the words igniting the explosive? The hateful words

thrown like grenades across a room, enlarged the gap making it too wide to reach across. Yet Monday always came, the dawn, a great headache to be endured. My work was an escape from those phone calls from creditors, the bills in the mailbox, and the accusation in our eyes. Constantly we were on guard lest others find out and know our embarrassment.

After four years of marriage our hurt and misery reach proportions too great to contain in our spirits overflowing into the rooms we moved in, the car we rode in, and the places and people we visited, creating tension with our very presence. We buried our feelings alive, unresolved time and time again until during a time of crisis they would erupt. The burial site was the valley between the crises when old patterns were resumed, true feelings repressed, and people walked on eggshells.

Finally, I realized that although I was worried about Don and what was happening to him, I had better seek help for myself. I needed to have peace within myself if nowhere else. I became willing to tolerate loneliness and the embarrassment of divorce for the comfort and freedom of being and expressing myself and not having to compromise my values and beliefs.

In the ensuing months, I refused to call work and make excuses that Don was sick or delayed. I tried to refrain from useless yelling and screaming. Whenever possible, I expressed my feelings, thoughts, and opinions but was alert to not being pulled off the subject into other areas where I could be manipulated. When Don was intoxicated I tried not to argue. I began to change from a reactor to an initiator of

actions reviewing episodes that repeated themselves. It was possible to establish conditions before the recurrence of these troublesome situations, such as informing Don that I would not ride in the car with him when he had been drinking. This new activity of mine was met with outrage from him, particularly when I actually followed through on a couple circumstances. No more excuses or cover-ups, and little by little, I began to hand my husband the responsibility for his actions; the consequences of his drinking would be his not mine. These sentences sound and flow easily, but the beginning actions were scarey and painful. Rarely did the action meet with success instantaneously. Yet, living as we were was painful and scare for both of us, so what did I have to lose? I knew from our track record that our lives would get worse.

The changes in me began to affect him. I handed him the reality of our lives and would not allow or believe the distortion of reality he tried to maintain. He could say or believe what he wanted, and I could say and believe what I saw as real. Neighbors and friends were very aware of our lives; it made little sense to cover-up what was visible. After one unbelievable drunken Sunday barbecue, I presented Don with the alternative of seeking help or leaving our home, saying, "Don, I love you but I can't stand living with you this way."

Fortunately for us, he chose to seek help, though primarily it was to relieve the pressures and win his way back into our home. In the process of putting on a good show for me, he truly got involved in the process of recovery. Listening to other people describe their early

drinking behavior, he heard his own life being told. Other alcoholics shared with him their new philosophy of living one day at a time. Don learned he could quit drinking---a day at a time. The second or fifth drink didn't cause him a problem, but the very first drink; he only had to refuse the first drink.

Sobriety was not all roses; change took place over time not only in his personality but his ways of being. He was becoming a fully human and responsible person. His growth demanded growth in me. A difficult period of time ensued for me and for both of us at this point. We struggled again but this time with more hope and understanding. We began to discover and share thoughts and feelings previously buried in fear and alcohol. The old roadblocks to communication were assessed, discussed and messages were clarified. So much was happening to us, both individually and as a couple, in growth experiences. The important point is that we had the chance to grow. We did not have to go the whole route, experience the horror of the late stages of alcoholism, suffer loss of family and job, physical and mental deterioration, a tragic accident, death or suicide.

We have learned from our own experiences and working with hundreds of families the effects a drinking problem can have on all the family members and the absence of services and information for spouses, children and parents. We know what happened when we tried to seek assistance for ourselves from various agencies and persons in our community. We know what did not happen as a result of their misinformation about alcoholism. We know the pain, loneliness and bewilderment in not understanding what was happening to us, and the feeling of

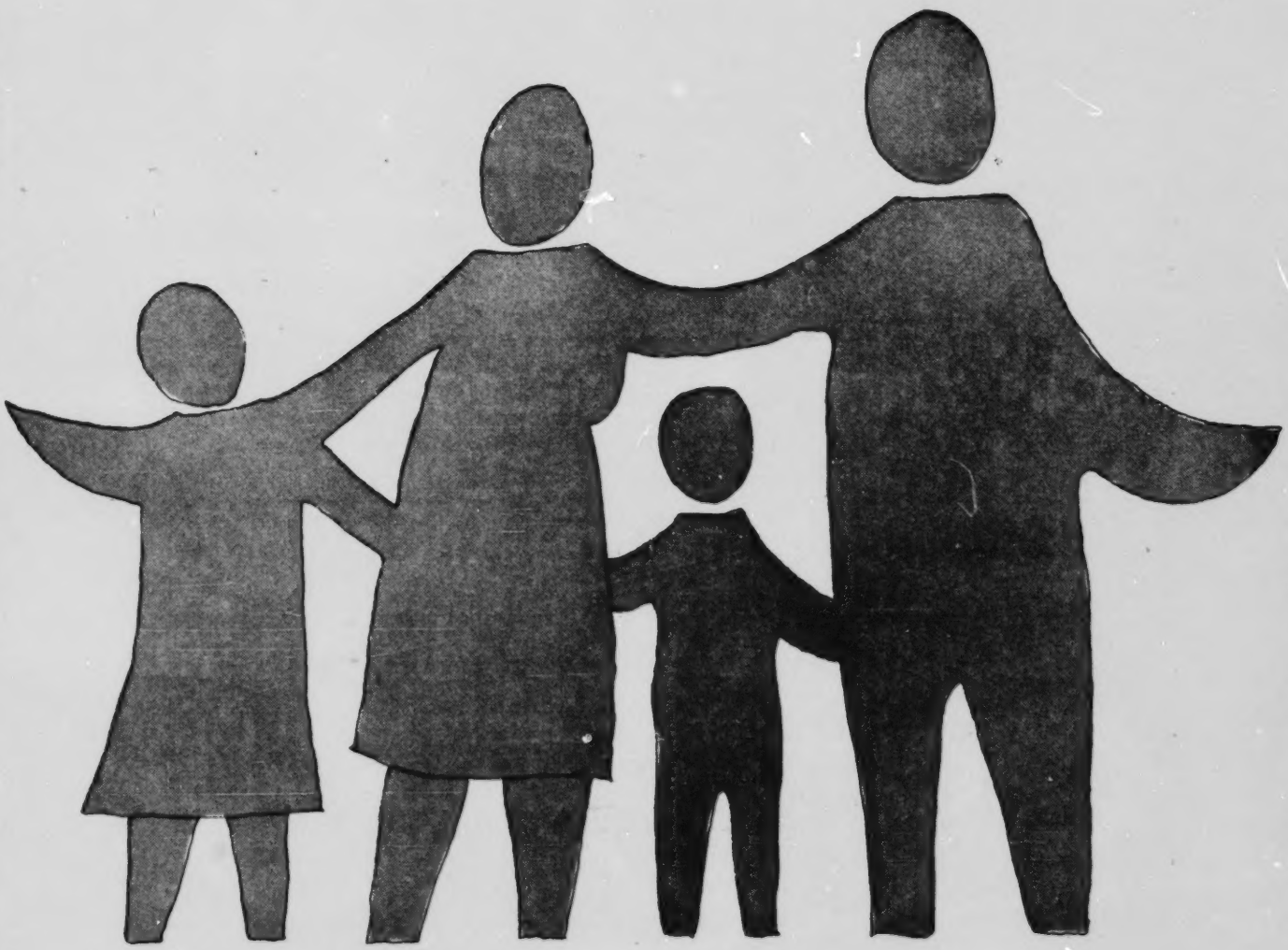
hopelessness in being unable to find the answer.

In 1969 we initiated the Family Counseling service in Columbia, Missouri, and at that time very few programs existed throughout the country or in our community that attracted and offered assistance to family members of the problem drinker. Most programs at that time focused exclusively on the problem drinker. Alcoholics Anonymous groups were and are available for the problem drinker and Al-Anon groups exist for the family. However, many people are unaware of these groups or are reluctant to get involved not understanding their purpose or their own problems. Also, the traditions of these groups prohibit the members from actively seeking new members on a public level. An agency such as Family Counseling involved in early intervention must take action that would violate these traditions which are so valuable for the continuing success of the Alcoholics Anonymous and Al-Anon groups. We refer many clients to these groups.

An idea that often interferes with early treatment for the family is that the alcoholic must "hit bottom" and there is nothing the family can do until the problem drinker quits drinking. A unique concept in our philosophy is early intervention, a process to reach the problem drinker through the family earlier in the disease rather than waiting, hoping, and doing nothing. Direct attempts to reach the problem drinker usually are thwarted by the person's denial of a problem, a common and significant symptom in the illness of alcoholism. The family members---the wife or husband, child or parent, are ready to do something and seek assistance before the problem drinker. Our

FAMILY COUNSELING MODEL

to work with and through the family & other significant persons to the ALCOHOLIC



A DRINKING PROBLEM IS A FAMILY PROBLEM

program's approach focuses on these significant persons in the problem drinker's life. A program of recovery can be initiated by these other persons with hope for success in stabilizing the family members.

Life with an alcoholic affects every member of the family. The members of the family also can affect the alcoholic. It has been our experience that a family with a drinking problem is a disturbed family without exception. A positive approach and a planned step-by-step system of action can create an atmosphere of reality in the family allowing the problem drinker to feel the consequences of his/her drinking behavior, an approach that accepts the person but rejects the irresponsible behavior. The problem drinker will seek help when continuing to drink is more painful than seeking assistance.

The Forum will provide you with the tools to view your situation realistically and to take action to change yourself, thereby handing the problem drinker the responsibility for his or her own life. I remember those years ago and the confusing life we lived. It seems incredible that we have changed and back then, I would have thought our present life impossible. I believe that so much of what we are is learned and <u>what is learned can be changed</u>.

The moment you picked up this book and asked for assistance, you started taking action and demonstrated your desire for change. We cannot offer you miracles, but we can offer each other understanding and communication that will be open and constructive.

There is no way I can know your age, sex, or background, or your relationship to the problem drinker, but I do know from personal

experience, working with other families, training and study, that any person can learn to change. You may be reading this book alone, on your own. You may be working on a one-to-one basis with a counselor. Or you may be in a group situation sharing the companionship of other persons, persons also involved in learning because of concern about a drinking problem in their families, our common ground.

I hope you are more comfortable now that you know more about us and the Forum. You could close the book at this point and continue as in the past, but you may be missing an opportunity to learn. You can choose to continue and that choice means trying, listening, and communicating. I believe continuing will bring change for you and you may be a vehicle for change in your family.

WEEK ONE

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WEEK ONE

The Four Week Family Forum is designed to achieve the following:

1. Increase your knowledge and understanding of problem drinking, alcoholism, its progression as a disease, its effects on the alcoholic and the family;
2. Provide an opportunity for the sharing of knowledge and experiences and for exploring alternate ways of communicating and responding to other persons and situations; and,
3. Develop a better understanding and appreciation for one's self.

Each week an outline sets the format for the session's discussion, reading and assignments. Use the blank pages at the end of each section for recording any notes on the reading materials, or for jotting down questions during the week, or for writing any thoughts you have on any aspect of the sessions or your personal situation. Your writing is for your own information and the book will not be read by anyone without your permission. Sometimes by writing thoughts or feelings, it can make it easier to express them at a later time or to better understand yourself.

Remember that the discussions and sessions are confidential. Each person is involved because of concern about a drinking problem in the family or a friend and to learn more about alcoholism getting actively involved in a program of recovery. Please do not carry away the confidences of another person as it usually profits no one.

A commitment is important regarding these sessions. The commitment should include attendance that you will make every attempt to be present

for the next three sessions, barring sickness or natural disasters. The commitment includes writing the assignments and completing them to the best of your ability in order to receive the greatest benefit from your time spent in the sessions. You will be asked to share the written assignments with the group and may reserve the right to share any, all or part.

Most important you are asked to TRY. TRY to be open to new thoughts and differing views. TRY to look honestly at yourself and your life situation. TRY to give yourself and others the room to be human and less than perfect; and, TRY not to concern yourself with placing blame either for past actions or words or for their absence. Blame is not productive except to increase regrets and resentments and add burden to your today.

Our ways of acting, of being, and responding are learned patterns of behavior---a process we have been involved in from our birth, learned from our family's interactions and the alternatives of acting that were presented throughout our lives.

This first session focuses on alcoholism as a progressive illness and its various aspects. Please feel free to question and comment on anything said or read. No one person or book can have all the answers. I suggest that when reading you underline any words or sentences you would like clarified, would disagree with, or would question.

Alcoholism is surrounded by many myths and misunderstandings which can cause confusion and conflict slowing down the process of recovery. If we can understand and believe that alcoholism is a

progressive disease which if left unchecked or ignored grows progressively worse, then it seems reasonable and practical to take action and attempt new behaviors rather than continue in repeated patterns. Never in our experience and in speaking with other professionals in the field of alcoholism have we encountered an alcoholic who improved while continuing to consume alcohol.

ALCOHOLISM AS A DISEASE

Alcoholism is a disease, a simple factual statement and one people will agree with more today than in years past. Yet, the knowledge alone has not changed the ways people feel, act and react to alcoholism and the alcoholic.

I use the words alcoholic and problem drinker inter-changeably. The term "problem drinker" is more acceptable to some persons as the word "alcoholic" implies meanings undesirable to them. Some people can for a period of time exhibit a pattern of alcohol abuse and may not be alcoholics. Some young people could be classified as alcohol abusers not realizing the effects the alcohol abuse is having on their bodies or their lives. A young person involved in alcohol abuse may be reacting to peer pressure, experimentation, rebellion, or lack of direction or guidance. However, these temporary patterns can be dangerous and lead to problem drinking/alcoholism. Programs exploring alternatives, education, and responsible alcohol use can interrupt the pattern.

Definitions are basic information and can prove helpful in understanding and studying new material. Alcoholism is no miser in the world of definitions and has been defined a hundred different ways by just as many persons: researchers, scientists, doctors, counselors, trainers, alcoholics (both wet and dry), social workers, news reporters, etc. The range is from the highly scientific-medical definition to the simple practical. The definition we use most often is one that

attempts to land somewhere in the middle.

ALCOHOLISM IS A PROGRESSIVE ILLNESS:

* MANIFESTED BY EXCESSIVE USE OF ALCOHOL;
* RESULTING IN PSYCHOLOGICAL AND/OR PHYSICAL DEPENDENCE ON ALCOHOL;
* RESULTING IN PROBLEMS IN ONE OR MORE AREAS OF A PERSON'S LIFE:
  - PHYSICAL
  - MENTAL
  - SOCIAL
  - ECONOMIC
  - SPIRITUAL.

These areas mentioned above can be defined to a greater degree, such as problems with job, family, sexuality, relationships. An alcoholic might be defined then as a person who uses alcohol to help his/her functioning and whose drinking is causing a problem in any area of his/her life.

As I mentioned earlier, many definitions exist, some lengthier, some shorter. Probably the shortest I have ever heard and easy to remember is the WART definition: With Alcohol Repeated Trouble short and to the point.

In 1956, the American Medical Association issued a statement recognizing alcoholism as a disease. Some of the criteria utilized in reaching this consensus is helpful in understanding the definitions and the nature of the illness. Very importantly, the criteria will

stress the progressiveness of alcoholism, an aspect of particular significance to you who are intimately involved with this illness.

The Criteria

First, alcoholism shortens the life span some twelve to fifteen years. The life expectancy of the drinking alcoholic is twelve to fifteen years less than the average person. Alcohol in large amounts and high concentrations over long periods of time has a deteriorating effect on the tissues of the body. Of course, an individual's general state of health plays an important part in the rate or intensity of the alcohol's effect on the person's heart, liver, stomach, and brain.

Almost any person can visualize the chronic alcoholic, who comprises but three to five per cent of the total alcoholic population. Over the years films, plays, television and other media have perpetuated this stereotyped image of the alcoholic. The evidence of physical deterioration is highly visible on this person. People often guess inaccurately the age of the chronic alcoholic they see in the alleyways, an unkempt disheveled body propped in a doorway. In our minds the word alcoholic has become associated with the words "failure" and "has-been". The chronic alcoholic's use of alcohol advances the aging process which is further compounded by poor diet, lack of shelter, and little care for physical hygiene. These men and women of our towns are not the average alcoholics, if there is an average alcoholic. The alcoholic man or woman comprises a very small percentage of the skid-row population.

Who are the other 95 per cent of the alcoholic population?

CRITERIA:

1. ALCOHOLISM SHORTENS THE LIFE SPAN (12-15 YEARS)
   A) PHYSICAL AND MENTAL DETERIORATION
   B) SUICIDES
   C) ACCIDENTS IN THE HOME, ON THE JOB, ON HIGHWAYS

2. ALCOHOLISM IS AN ADDICTIVE DISEASE
   A) PSYCHOLOGICAL DEPENDENCE IN EARLY STAGES
   B) PHYSICAL ADDICTION OCCURS IN LATE STAGE, WHEN ALCOHOL IS WITHDRAWN THE BODY EXPERIENCES A PHYSICAL REACTION KNOWN AS WITHDRAWAL;

3. ALCOHOLISM HAS OBSERVABLE SYMPTOMS
   A) BLACKOUTS
   B) DECREASE IN TOLERANCE
   C) LOSS OF CONTROL
   D) DENIAL
   E) PRE-PARTY DRINKING AND MANY OTHERS

They are men and women, many are married with families, maintaining a job or pursuing a career, buying a house and car. What kind of alcohol the person drinks, how much, where or when has little bearing on who is or is not an alcoholic. A problem drinker can be any age, religion, sex, married or single, and come from any social or economic class. This person could be a parent, daughter, wife, husband, neighbor, PTA officer, clergyman, bank president, mechanic, bus driver, teacher, clerk, a person whose drinking is causing problems within his/her life.

Advocates of heavy alcohol use proudly point their fingers to famous personages (historical figures, political leaders, artists, actors and others of renown) known for their excessive use of alcohol and, also, their superb accomplishments. We only can speculate and wonder at how much talent or potential went wasted. What more could they have done or been? Were they happy? What of their personal relationships with family or the intrapersonal relationship with self? I can state with fact the devestating effect excessive use of alcohol has had on thousands of other persons resulting in great losses of family and possessions, both tangible and intangible. Some men and women of fame and success have revealed their personal stories and involvement with alcohol revealing that indeed, alcoholism produces the same tragedies and suffering no matter the life-style, income, age, education, faith, or race.

Recent statistics indicate that the higher the education and social class, the greater the incidence of alcoholism. Poverty, however, is not immunity from alcoholism as both ends of the social-economic spectrum are the greatest affected.

The first consideration that alcoholism kills involves deterioration and death by suicide, homocide, and accidents. One-third of all suicides are alcohol-related. Alcohol is involved in 50 per cent of all fatal accidents on the highways and one-half of these fatal accidents involve an alcoholic. The possibilities for accidents in the home and on the job are increased when alcohol is abused. The numbers of persons physically abused by someone under the influence of alcohol is unknown. One-half of all homocides involve a person who had been drinking, either the killer or victim. Accidents, suicides, and crimes result in devestating figures in terms of dollars, property and our most valuable resource, human lives.

We have covered some facts and some fiction about alcoholism, its effects on the problem drinker and other significant persons. Facts about alcohol, the statistics about deaths and costs are the bare bones, the skeleton. The blood, the heart, the brains, the feelings, the thoughts, the actions, the reactions, these things are another dimension to alcoholism. This dimension more than any other brings you to these meetings.

Addiction

The addiction to alcohol can be psychological and/or physical. Alcoholism is an addictive disease and alcohol is a drug capable of addicting. People hardly think of alcohol as such, but alcohol is a depressant drug, not a stimulant. In the early stages of alcoholism, a psychological dependence exists. The person thinks he needs alcohol to function and is dependent on its use. As a person progresses

into the later stages a physical addiction occurs. In this phase, the person may experience withdrawal symptoms when alcohol is withdrawn: the shakes, hallucinations, delirium tremors.

The shakes and/or hallucinations are the result of nerve damage due to constant use of alcohol and lack of proper diet.

Not every person who uses alcohol will become dependent or addicted. Many people can use alcohol appropriately and responsibly. These persons do not depend on alcohol to function, to cope, or to relieve the tensions of life. Occasionally a person will abuse alcohol in a situation and become drunk. Not every person who gets drunk is an alcoholic and many alcoholics do not get drunk, they maintain a constant "high" level of sedation.

Progression of Alcoholism

The problem drinker who continues to use alcohol will progress through the stages of alcoholism. The progression involves deterioration of the person's life: physically, mentally, socially involving the person's relationships, and economically.

Crisis situations increase and intensify becoming more unpleasant as the years pass. Relationships and family life experience the debilitating effects of alcoholism with constant upheaval, distress and disturbances, at all levels of family life. As the disease progresses the more established become these destructive patterns of behavior. The length of each phase, whether it be one, three or seven years, will depend on the individual and his/her particular circumstances.

The process of progression takes years and its arrival is subtle. I do not believe that a person plans to become an alcoholic. In the beginning the problem drinker usually drinks in a manner that fits the accepted idea of social drinking.

Why, what's the cause? This question is frequently asked and difficult to answer. Researchers have been working on the answer for many years, yet, one definite factor or cause of alcoholism has not been found. Many theories have been proposed and professionals in the various disciplines suggest there may exist more than one cause. They may discover that there are "alcoholisms."

WHY?
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The pressures of the world may be a reason for using alcohol and becoming dependent on its use to continue living in a tense world. The immaturity of the person may contribute to pressure and add a reason to use alcohol. A young person who finds himself in a situation that is new and beyond his experience may, because of uncomfortableness and lack of experience, use alcohol in response to peer pressure.

Some persons believe alcoholism is inherited in the genes. Others say the cause could be an imbalance in the enzymes or the inability of the body to produce them properly. The "why's" are numerous and the problem drinker can use the unknown cause or the pursuit of the reason for his or her misery or need for alcohol as a good excuse to continue drinking. I believe knowledge of the exact cause is not significant to a person's recovery. More important is the person's learning how to live and handle reality without alcohol.

The problem drinker can abstain for periods of time, particularly if under pressure or close scrutiny by a significant person, perhaps employer or family. Sometimes Don could stop after two drinks if the occasion were such that people were watching him closely, but he could never limit himself to two beers or drinks consistently over a long period of time. Indeed, it was easier for him to abstain from alcohol than to have to stop after only one or two drinks.

There were periods of total abstinence from alcohol. These times again were situations precipitated by pressure or demands from

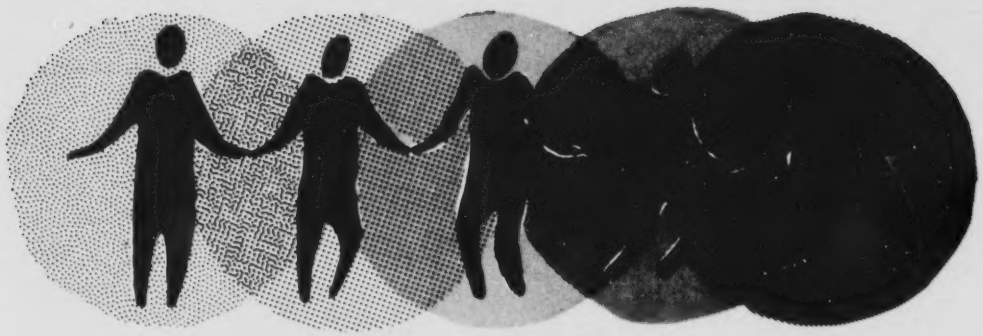
others. If the boss were particularly watchful of his time card or job performance, if his parents recently had loaned us money, or we had a major argument over a drinking incident, he might "go on the wagon" for a few weeks.

As the problem drinker progresses through the early stage loss of control becomes more evident. The person realizes that his or her drinking is different from other persons. Rationalizations are employed to cover the loss of control and drinking habits.

Don speaks of knowing he had a drinking problem but he did not think of himself as an alcoholic; that description held stereotyped images. He was afraid to admit a drinking problem because the next step would be to do something positive or quit drinking and he thought such a step was impossible. At the same time he was denying to himself that he was an alcoholic. The conflicts and fear of disclosure kept him in a defensive state of mind.

The middle stage witnesses the intensifying of problems and the drinking. The alcoholic may begin to prove to him or herself and others that no drinking problem exists. The person needs alcohol to function in certain aspects of living and certain aspects of life begin to suffer from the alcohol.

Young people, more often men than women, brag about the amount of alcohol they can consume viewing the quantity as a sign of virility and maturity. However, when the problem drinker realizes he/she is becoming intoxicated or feeling the effects of alcohol with less drinks, he/she begins to minimize the quantity to others, particularly family. Although the person may deny being an alcoholic or even having a drinking problem, he/she might acknowledge a different drinking pattern.



No definite lines of demarcation can be cited to state when and where, or the time and place, a person progresses from one stage to another. The progress and the ways of progression will vary. Yet certain characteristic developments occur, but not necessarily in the same sequence with each individual. In the majority of persons certain symptoms are characteristic in varying degrees of intensity.

The later stage is more familiar to people. The signs are so clearly visible that we are looking at a person who is an alcoholic. The physical deterioration is more marked and mental disorganization obvious. Physical addiction is definite and the person drinks compulsively. The alcoholic usually is without anyone who cares, for the social implications of the illness have resulted in loss of family and friends. The person's behavior as a result of the alcoholism usually has been so obnoxious that he is regarded as hopeless by other people. At this stage recovery is more difficult and longer treatment is necessary. If brain damage has been incurred, the person may require institutional care for all or part of his/her life.

Observable Symptoms

Closely linked with the progression of alcoholism are the symptoms. Just as a sneeze, a flushed face, scratchy throat indicates you are getting a cold, symptoms exist that indicates the presence of a drinking problem. The majority of people know the symptoms of a cold and the treatment: Get in bed, take aspirin, get plenty of rest and drink fluids.

In recent years, we also have become aware of the symptoms for cancer, diabetes and heart disease and the measures to take if these symptoms are evident. Alcoholism has symptoms as other diseases but people are not as knowledgeable about them. Identification and treatment methods still carry the burden of misconceptions and myths the public has concerning alcoholism.

The warning signs, the symptoms of alcoholism can be learned as they have been in other illnesses. The symptoms can help families to seek assistance earlier and the earlier the treatment, as in other illnesses, the greater the prognosis for successful recovery. Those old stigmas and myths deter and hinder treatment and recovery as people may ignore or avoid the signs thinking instead: weakness or failure, or there's nothing I can do until he/she wants to quit drinking.

As mentioned earlier in the progression, drinking patterns will differ but common characteristics do exist. Some problem drinkers are aware of what other persons would recognize as an alcoholic and therefore make sure they do not exhibit any of these well-known identifying behaviors. For instance, drinking in the morning is an over-

publicized symptom as many problem drinkers never take a drink before five in the evening proving to themselves and others there is no problem. Many problem drinkers do not drink daily and some do not get drunk. But most problem drinkers have a problem in controlling their drinking over any long period of time.

The problem drinker can not choose consistently whether or not to drink and once drinking begins whether or not to stop. This loss of control can involve sneaking drinks and such behaviors as pre-party drinking. The person becomes concerned about whether alcohol will be served at a party and the quantity available. Many times a problem drinker will carry his own supply to a party because he wants to "help out" the host/hostess or "share expenses." I do see this behavior applying to men rather than women in normal circumstances. However, pre-party drinking or post-party drinking can be associated with both men and women. You may know a couple who never go home until the last place closes. After the party's over, they organize another party. I can remember entire receptions and picnics following us home.

Drinking alone is supposedly a symptom associated with the late stage. However, women are more apt to drink alone from the beginning of their alcoholism. Society approves less of women drinking excessively than men. An intoxicated woman is less acceptable than an intoxicated man at parties and oftentimes the knowledge of this disapproval pressures her into drinking either before or after when she can be alone. The woman who works within the home has a schedule which can be easily manipulated. She can send husband and children to work and school,

spend time drinking having a few hours at the end of the day to rest. The sad aspect of this situation is the woman can progress farther in the illness before the family identifies the nature of the problem.

Loss of control precipitates the need for rationalizations; the person proves his/her drinking is perfectly acceptable and justified. This rationalization may even result in hostility and moments of irrational and explosive anger. Don would single out a friend who was a heavier drinker in order to make comparisons: "If you think my drinking is bad, look at So and So up the street. You should be thankful you aren't married to him." The diversion worked; I was thankful.

The person who is experiencing these early symptoms and continues to drink begins to feel the consequences of this behavior and the resultant symptoms emerge. Life becomes more drink oriented and alcohol centered. The deterioration of relationships may mean loss of friends which becomes a self-pitying occasion and justifies more drinking. The family feels the deterioration and resentments are thrust from all persons towards the alcoholic and vice-versa. The alcoholic may change eating patterns unless too obvious. The alcoholic, the family and friends are entrenched in patterns that keep the cycle revolving; one behavior precipitates or results in another.

The symptoms of the late stage are regular and prolonged drinking. Any values or beliefs the person possessed have given way to the constant acquisition of alcohol. The guilt and remorse experienced in the early and middle stages intensify as well as the need for alcohol. The pursuit of alcohol, the inability to remember and the impairment

of the thinking process produce fears and other irrational thoughts and feelings. The person experiences tremors or "shakes" and if alcohol is withdrawn may have delirium tremens and/or hallucinations. Some damaging effect to the brain is a certainty. The person who has maintained family and friends through all the stages and symptoms is indeed the exception. Unless treatment is given or custodial care available, the end result may be early death from suicide, accident or the direct result of the physical deterioration. Do not think that in the late stages, recovery is impossible. Treatment may be longer and in-patient care necessary but if organic brain syndrome is not existent, recovery is possible. Custodial treatment can provide for those persons severely damaged by alcoholism, a more acceptable and humane life than neglect in alleyways.

Symptoms Defined

The symptoms are categorized into phases commonly referred to as early, middle and late, though they may not occur in this particular order. The progression from one phase to another is not so distinct as to be noticeable. Some alcoholics may have only a few of these symptoms.

Early Phase (Preaddictive and Prodromal Phases)
In this early phase alcohol is used by the person to help relieve tension, stress, fears, and/or to boost self-confidence. The person begins to rely on alcohol to handle life situations, thereby increasing its importance and value in the person's life.

Drinks Fast - Not easily noticed; the person may be more apt to drink doubles or triples and call it one drink; the person drinks faster than most people.

Sneaking drinks - Drinking in places and at times when the person can not be seen. Having a quick drink while mixing drinks for others is common.

Pre-Drinking drinking - Having a few drinks before a social occasion or event.

Blackouts or memory blanks - Loss of memory concerning an incident or period of time but the person is functioning and appears normal.

Rationalizations - An attempt to cover-up drinking or make it seem appropriate, proper or normal behavior.

Denial - The person denies any problem with alcohol; also denies the reality of situations; family and friends may deny reality also in an attempt to cover-up or keep peace.

Avoids talking about drinking or alcoholism - The person avoids talking about alcoholism, especially as it pertains to his/her drinking; a sensitive topic of conversation and promotes the conspiracy of silence.

Minimizes alcohol consumption - Minimizes to others the quantity of alcohol he/she consumes as opposed to an earlier time when the person bragged about the quantity (more common to the man).

Grandiose behavior - Showing off, thinking he/she is more important than in reality.

Erratic behavior - Quick unexplainable mood changes; short-tempered and irascible as the person becomes aware control is being lost.

Others disapprove of drinking - A beginning of rejection by some persons who do not approve of alcohol abuse and disapprove of problem drinker's behavior.

Loss of control - A person drinks more than they intended; unable to stop drinking at will; begins to drink in inappropriate places and get inebriated at inappropriate times.

Projection - The "if only's" and blaming others for past and current problems.

Proving to others - The person attempts to prove to others that there is no drinking problem; he/she can not be an alcoholic; quits drinking for a period of time; goes "on the wagon" or "swears off"; a person without a drinking problem does not have to prove he/she can quit.

Middle Phase (Crucial Phase)

During this phase the symptoms of early phase increase and intensify. The symptoms become easier to identify. Friends and family are confused not knowing what to do or how, or where to go for help. The behavior while drinking becomes noticeably inappropriate. If a person knows what to look for or understands alcoholism they could identify the problem drinker. The problem drinker wants alcohol available at all times and feels uncomfortable when it is not; makes unsuccessful attempts to cut down on drinking; experiences more difficulties with the job, family and other relationships.

Change in personal relationships - Deterioration of ties with friends and family, a shift in priorities and values.

Decrease in sexual activity - Excessive alcohol consumption contributes to impotence and can produce fear of intercourse because the man may have experienced failure in achieving an erection. The woman with a drinking problem may not fear a visible dysfunction during intercourse but could experience some doubts regarding her femininity. Drink: "Provokes the desire, but it takes away the performance." (Macbeth, Act II, Sc. 3) Shakespeare - and times have not changed.

Promises, promises - Promises to cut down on quantity, not drink as fast, but is unable to keep most promises creating more tension and guilt.

Irrational jealousy - The person accuses and suspects spouse or partner of infidelity, resents attention given to other persons. The problem drinker projects his/her own feelings of insecurity.

Self-Pity - The problem drinker feels sorry for self, blaming others and circumstances for his/her inability to change, achieve, etc. The problem drinker attempts to evoke pity from others and keep the family emotionally off balance.

Employment problems - Difficulties on the job increase; unable to fulfill job responsibilities at an acceptable level; many times supervisors or job duties allow for cover-ups.

Late Phase (Chronic Phase)

The person experiences extreme deterioration of health, family and other relationships. In most instances the person has lost control of his/her life and has become alienated from the main stream of life. Life is full of irrational fears. This phase is not hopeless but recovery becomes more difficult and problematic. The person usually gets intoxicated on less alcohol and length of drinking bouts increases. Along with the fears he/she feels depressed, guilty and relieves these feelings through excessive drinking. Eating and physical appearance are neglected.

Physical deterioration - Alcohol has a visible physical effect on person's appearance and physical functioning, particularly the brain and sometimes the liver.

Hopelessness - The person accepts the hopelessness of the situation and denial is no longer a problem.

Impairment of thinking - Inability to sense the time or place, damage to the thought process.

Tremors - Associated with the withdrawal of alcohol and acute intoxication and brain damage.

Deterioration of beliefs and priorities - The entire focus is on drinking and long-held beliefs and values are pushed aside to place priority on the acquisition of alcohol and drinking.

Indefinable fears - The person is unable to perceive reality; damage to brain and thought processes produces regression to fantasy. The knowledge or belief that the person cannot live without alcohol occupies thinking and anxiety in not being able to acquire or keep alcohol.

The Myths

Alcoholism is a treatable illness. The illness is complex and involves the psychological, physical and social aspects of a person's life, but treatment and recovery are possible. Alcoholism treatment is complicated by the myths that the public perpetuates.

One misunderstanding that people have bought for generations is that we must wait for the problem drinker to seek help on his/her own. We can not wait for this occurrence because it may never happen or occur in the late stage when recovery is more difficult. Help can be initiated by persons other than the problem drinker. At one point in time the person in the chronic late stage who has lost family, job and feelings of self-worth, was in the early stage and had a family, friends, job, etc. We can't wait for persons to lose their most valuable and beloved possessions before we offer or initiate treatment.

We strongly object to the belief that the alcoholic must "hit bottom" before help can be offered or given. How wasteful. Treatment for no other illness is initiated on this basis. However, alcoholism does involve the social aspects and behavior of the person; intoxication results many times in obnoxious and intolerable behaviors, causing rejection by family and friends. Treatment personnel often get involved in the rejection, particularly in hospital settings when the majority of the people treated with alcoholism in emergency rooms are the chronic late stage alcoholics whose social habits have deteriorated.

Among treatment personnel, in particular, and other persons as well a recurrence of the illness (a drinking episode) is quite apt to elicit responses and predictions of "He's hopeless" or "I told you she'd never make it" or "I guess he just doesn't care." Alcoholism does not happen overnight but develops and evolves over a period of time. The further along in the illness the person is, the more difficult and longer the process of recovery. Alas, the person who does not make it the first or second time around is programmed again into failure by these responses, the very thing that keeps the alcoholism cycle revolving.

I never would have believed that my husband wanted to quit drinking. He did not think he could. He had told himself and me that he could so many times and failed. Not drinking seemed an impossible task to him. Why attempt an unaccomplishable task, the cycle of failure and who wants to choose failure willingly? Denying a problem seemed easier than trying. Not trying in itself becomes a failure; no matter the choice, failure seems imminent. Perhaps this is the reason it seems reasonable to deny the existence of a problem and simpler to change reality.

When a person has been hurt and rejected by the problem drinker, it takes time to accept the fact that he/she is the victim of a disease. You may be able to acknowledge the disease concept at a cognitive level, but it may take working through a lot of feelings before you can really act as if it is a disease. Don't be hard on yourself. The patterns and ways we think and act are learned and can

be changed. What took years to develop will not change in one or two weeks. Once the problem drinker can accept and believe that he or she is sick rather than simply weak or lacking in will power, the possibility of seeking treatment seems appropriate and possible. Your acceptance of alcoholism as a disease can produce emotional relief from guilt, fear and feelings of inadequacy. However, illness does not mean the person has carte blanche to drink or continue irresponsible behaviors because he/she is sick. Alcoholism is a disease where the person must take responsibility for recovery and get involved in the treatment process at some point. The person with diabetes cannot help having diabetes but he/she must take responsibility for maintaining diet and taking insulin after initiation of treatment.

A Myth List

"It's only Beer" - Beer contains alcohol and a person can get just as drunk on beer as on wine or "hard" liquor. You can be an alcoholic and drink only beer.

Most alcoholics are on skid row - Only 3 to 55 are. Most alcoholic people (70%) are married, employed, buying a house and car, normal, average people. Less than half the derelicts on skid row are alcoholic.

Women do not become alcoholics - Our experience and belief is that there are just as many women as men alcoholics. The double stigma keeps women hidden longer than men and the traditional roles allow them to remain unidentified longer than men. For many years treatment programs were male oriented perpetuating the myth that women alcoholics were Magdalenes. Women do not have an immunity to alcoholism.

Age - A University of California research team has found that the highest proportion of drinking problems is among people in their earliest twenties.

Drug? - Alcohol is a drug, a depressant not a stimulant as most people think. In fact alcohol is the number one drug abuse problem in this country with 10 million American alcoholics and 10 million more in the pre-alcoholic stage.

Drinking is a great sexual stimulant - Contrary to popular belief, the more you drink, the less your sexual capacity. Alcohol may stimulate interest in sex, but it interferes with performance.

People are friendlier when they're drunk - Maybe, but they are also more hostile, more dangerous, more criminal, homocidal, and suicidal.

Drunks are funny people - Perhaps in movies, on television or radio, but not when you live with a person with a drinking problem, particularly if you care about that person. The person who is drunk is no funnier than a person with any other illness.

It's impolite to tell a friend he/she's drinking too much - Maybe if we weren't all so polite, we wouldn't have so many friends with drinking problems.

The first round should be a double to break the ice - Breaking the ice is the job for a good host and hostess...not for a bottle. You must have more to "give" your guests than just alcohol.

People who drink too much hurt only themselves - And their families, and their friends, and their employers, and strangers on the highways...and you.

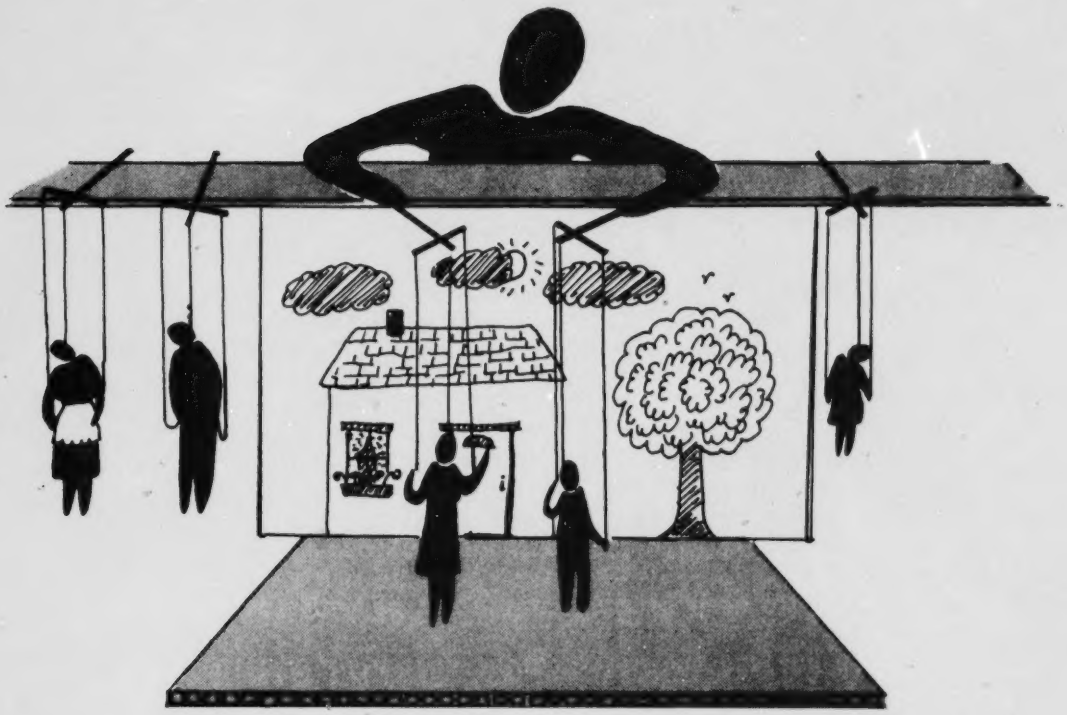
Mixing your drinks causes hangovers - The major cause of hangovers is drinking too much of any alcoholic beverage.

If the parents don't drink, the children won't drink - Sometimes, but the highest incidence of alcoholism occurs among offspring of parents who are either teetotalers or alcoholic. Perhaps the extremism of the parents' attitudes is an important factor.

The time to teach kids about drinking is when they reach legal age - By that time, they've long since learned what we can teach them. Like it or not, we teach our kids from birth. They learn more from what they see us do than from what they hear us tell them.

Reference for this material: The United States Jaycees, Operation Threshold.

THE PROGRESSION OF ALCOHOLISM AND THE FAMILY



Our recurring theme is: alcoholism is a progressive disease and the problem drinker who continues to consume alcohol will progress through all the stages of the disease. The family also progresses through stages in its emotional disturbance. The possibility exists that in the late stages, the family members, after living with the alcoholic for years, will experience physical illness of psychosomatic origin from the stress and strain of holding the family together physically, emotionally, and economically.

In the early stages of the illness, the family members are not aware that drinking is a serious problem and may attribute problems or inconsistencies to various sources: unsatisfactory job, financial difficulties, illness in the family, family pressures, parental interference, the wife's or husband's inadequacies as a woman or man, sexual incompatibility, etc. The family usually jumps from one excuse or reason to another never pursuing at length any one to discover a solution. People begin to establish themselves into routines and patterns of communication that appear or seem "to work" on the surface. These temporary methods maintain the functioning of the family creating an atmosphere receptive to the denial process. The initial confusion and inability to recognize the drinking as a problem are a few simple threads and as the disease progresses are joined with other threads weaving a pattern common to families with a drinking problem.

When the family begins to realize that drinking is the problem, embarrassment may be the response and all members join together in an effort to hide the problem. Many times not a word is spoken but the message is spread through the actions and reactions of family members, particularly the parents. All the members, including the problem drinker, become trapped in the cyclic behavior of alcoholism.

The cover-ups and outbursts of anger produce guilt and the family begins to choose their responses in reply to the problem drinker's actions, a continuation of the initial patterns to maintain functioning and perhaps a moment of peace. In other words, family members, the spouse and children, wait to see and assess how the problem drinker

will act or speak and respond in likewise manner in order to maintain harmony. The problem drinker becomes the mood setter and controller in the center of the cycle of reinforcement. The family members step to the music in an effort to keep things from getting any worse.

If the problem drinker wakes in the morning in a nasty mood finding fault with his wife for one matter or another in order to protect his own person or action the night before, he usually can produce the same mood in his wife. The wife who is involved in cover-ups and believing the "put-downs" feels inadequate and guilty. She also is confused by the erratic ups and downs of emotions, finances, and circumstances in general and can pass the irritability onto the children. These examples are illustrating the case of a male alcoholic but could easily be attributed to the female alcoholic. The children in turn are bewildered because a certain behavior on their parts may elicit approval one day, yet for no apparent reason to them may elicit disapproval or anger the next day or a few hours later. The family experiences a chain-reaction effect in that what one person may say or do will be felt by the other members of the family.

If the problem drinker appears to be in a pleasant mood and is sober, no one would dare mention anything unpleasant or any drinking behavior fearing that such a communication would rock the boat and the pleasant mood would be drowned in the resulting anger and defensive response. The pattern emerges then as a series of hills and valleys. The hills represent the cirsis situations and the valleys the smoothing over and burial of problems. If no changes in behavior

or communication occur, the valleys become a period of pretending and walking on eggshells.

Consistency in any area of the family's life becomes virtually impossible in these middle stages without the assistance of counseling and education acting as stabilizing agents. The relationships within the family and between various members are strained and tense. Unfulfilled promises and lost expectations have built walls of either silence or anger between husband and wife, parent and child, and the fears and rejection isolate each person. A man may be very reluctant to speak honestly about his wife's drinking to any other person believing he is at fault and thinking no one else could understand the situation. A woman is embarrassed by her husband's actions and hides within the safety of home trying desparately to believe things will change, unable to make decisions as to what is best for her husband, children, or herself, often believing she truly is all the inadequacies that have been heaped upon her person.

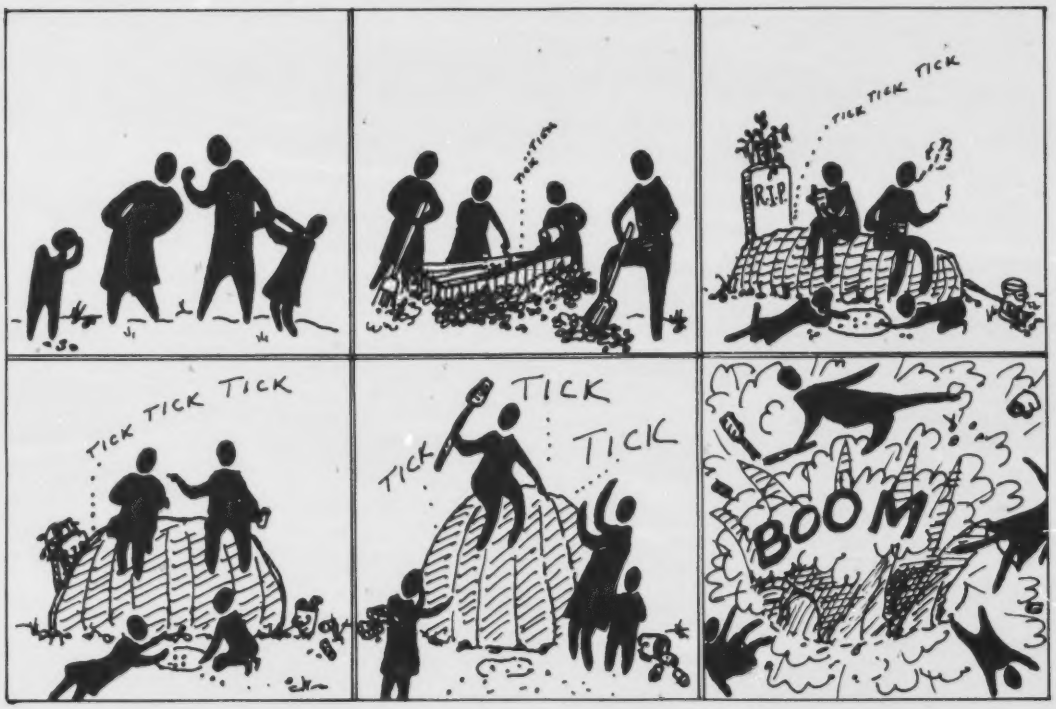
The family does not know where to go and indeed often believes there is nothing they can do until the problem drinker decides to quit drinking. Home remedies appear to be the approach commonly taken first by families. Women have told us they have tried everything they could think of: loving him to death, screaming and yelling, threatening, shaming, praying, but nothing has worked. This approach usually wears on the family and has little or no effect on the alcoholic. The efforts are doomed to failure because in most circumstances the problem drinker manages to set the pace, change the attitudes and place

responsibility on the other person.

The family continues its progression marked by constant and consistent disturbances of plans, emotions, and routines of living. The only dependable aspect of life is the unpredictability of the alcoholic. Each person waits within the loneliness of his or her own mind confined by fear and doubt, waiting for the next crisis. The family has lived in this manner for years. The time between crises has decreased as the length of each crisis has increased. Throughout the years only the surface is smoothed over, the exterior formalities of life resumed and the problem buried alive, ready to erupt at any moment.

A couple or family can exist in this manner of living for many years becoming comfortable with the known uncomfortability. They achieve exterior balance by agreeing on a system of operating concerning when, where, and how they will handle public and family involvements. Family members can reach this agreement without speaking about the rules---they sense the moods, recognize certain facial expressions and even sounds, such as coughs and throat clearing. Such a life situation is livable but stifling to the potential growth of the family and its members. If one person in this arrangement gets out of step difficulties ensue. The illusion of harmony is threatened by having one person ignore the operating rules inviting disaster to the safety and comfortability of the others.

"WHEN YOU REPRESS OR SUPPRESS THOSE THINGS WHICH YOU DON'T WANT TO LIVE WITH, YOU DON'T REALLY SOLVE THE PROBLEM BECAUSE YOU DON'T BURY THE PROBLEM DEAD---YOU BURY IT ALIVE. IT REMAINS ALIVE AND ACTIVE INSIDE OF YOU." (JOHN POWELL)



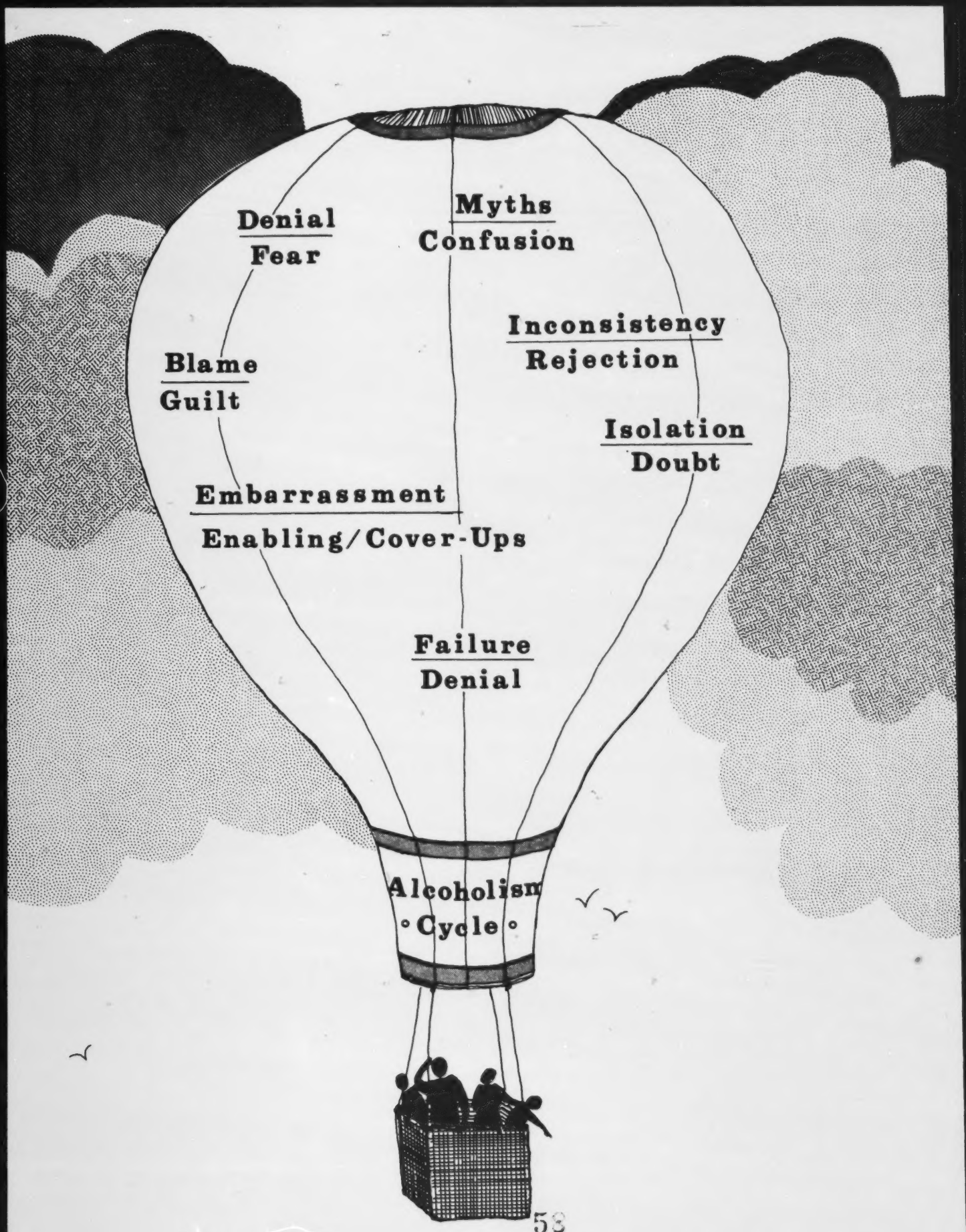
As the family progresses through the stages of alcoholism life becomes crisis after crisis until the family unit breaks down from the strain, or physical or emotional death occurs separating the members.

The family both as a unit and as individuals may withdraw from social contacts or once-loved activities and pasttimes. The risk becomes too great for exposure.

Roles within the family undergo change. The husband of a problem drinker may shift mom's responsibilities to an oldest child. Dad comes home and puts mom to bed and fixes dinner. His nerves are on edge and the children may feel the sharpness. His relationship with his wife is stretched to the point of snapping. Children are confused watching mother change from parent to child and back again. Children wonder if their presence contributes to the disorder and pain. The child resents the non-alcoholic parent for not saving him or her from the misery and circumstances of their life. The children, too carry the guilt for hating and blaming.

Each person keeps the cycle revolving with denial, fear, guilt, blame, confusion, and belief in myths. In this family, communication is vague, unclear and indirect; roles are upset and inconsistent and rules are unspoken and broken; self-worth is negative and low; and the total atmosphere is distrustful and closed.

I am convinced that a family with a drinking problem is disturbed creating a debilitating atmosphere for all its members. I believe that a problem drinker affects every member of the family he or she is involved with on a daily or frequent basis. A new-born infant is affected as well as an elderly parent. The family with a drinking problem that progresses through the stages of the disease and never receives assistance or the influence of a stabilizing agent sets


Denial
Fear
Myths
Confusion
Inconsistency
Rejection
Blame
Guilt
Isolation
Doubt
Embarrassment
Enabling/Cover-Ups
Failure
Denial
Alcoholism
• Cycle •

off a chain reaction effect that can last for generations into the future. The emotional inconsistency or deprivation is perhaps the most damaging to these offspring producing persons unable to communicate feelings, distrusting of other persons, having distorted or negative feelings of self, a person who must constantly seek the approval of persons with ineffective methods, a person unable to enter into or maintain satisfying adult responsible relationships.

The Enablers

Who are the enablers? Are they the guys wearing the white or black hats? The problem is not limited to determining who's right or wrong, but more those persons in the problem drinker's life who by their actions and words enable the problem drinker to continue in the same patterns of drinking and acting. The enablers are the spouse, parents, children, or friends---you might include a doctor, counselor, policeman, judge, psychiatrist, neighbor---any person who picks up the consequences for the problem drinker. The person who is enabling does not realize that he or she is helping the person to continue drinking.

The cycle of alcoholism is illustrated by placing the problem drinker inside a circle (wheel) surrounded by those significant others in his/her life. The enablers think they are helping and many times have tried everything possible to produce some change, from loving the person to threatening ultimatums. These people rescue the problem drinker from uncomfortable and painful predicaments in an attempt to help. The problem drinker having doubts about 'self' experiences conflict wanting to be responsible and succeed yet fearing failure in his/her efforts. The enabling actions are spokes supporting the problem drinker as the cycle revolves.

The following examples are actions and responses that reinforce the drinking behavior and allow the problem drinker to "escape" feeling the responsibility and uncomfortability of solving problems.

Wife or Husband:

Borrowing money from parents or friends to pay bills accumulated because of poor priority planning, neglect to pay bills, using money to purchase liquor;
Calling work for the problem drinker because he/she is sick from excessive drinking, or inebriated and can not go to work;
Asking for help from clergy, police, or lawyer to get him/her off a charge of Driving While Intoxicated or intervene in other alcohol-related charges;
Telling friends they can not attend part or social function because a child is sick, or baby sitter cancelled, etc. rather than the truth that the person has not returned home or is intoxicated.
Making excuses to people for the problem drinker's inability to carry through on a job or responsibility covering up for the person.
Denial of any problems with drinking.

Children:

Avoiding contact with parent and making excuses to stay away from home rather than giving the real reason;
Purchasing liquor if old enough;
Manipulating both parents so they can have their own wishes or desires fulfilled;
Taking over the household duties or responsibilities of the problem drinker;
Putting parents to bed, picking up mother/father from the floor and not speaking to them later about their condition.
Denial of any problems with drinking.

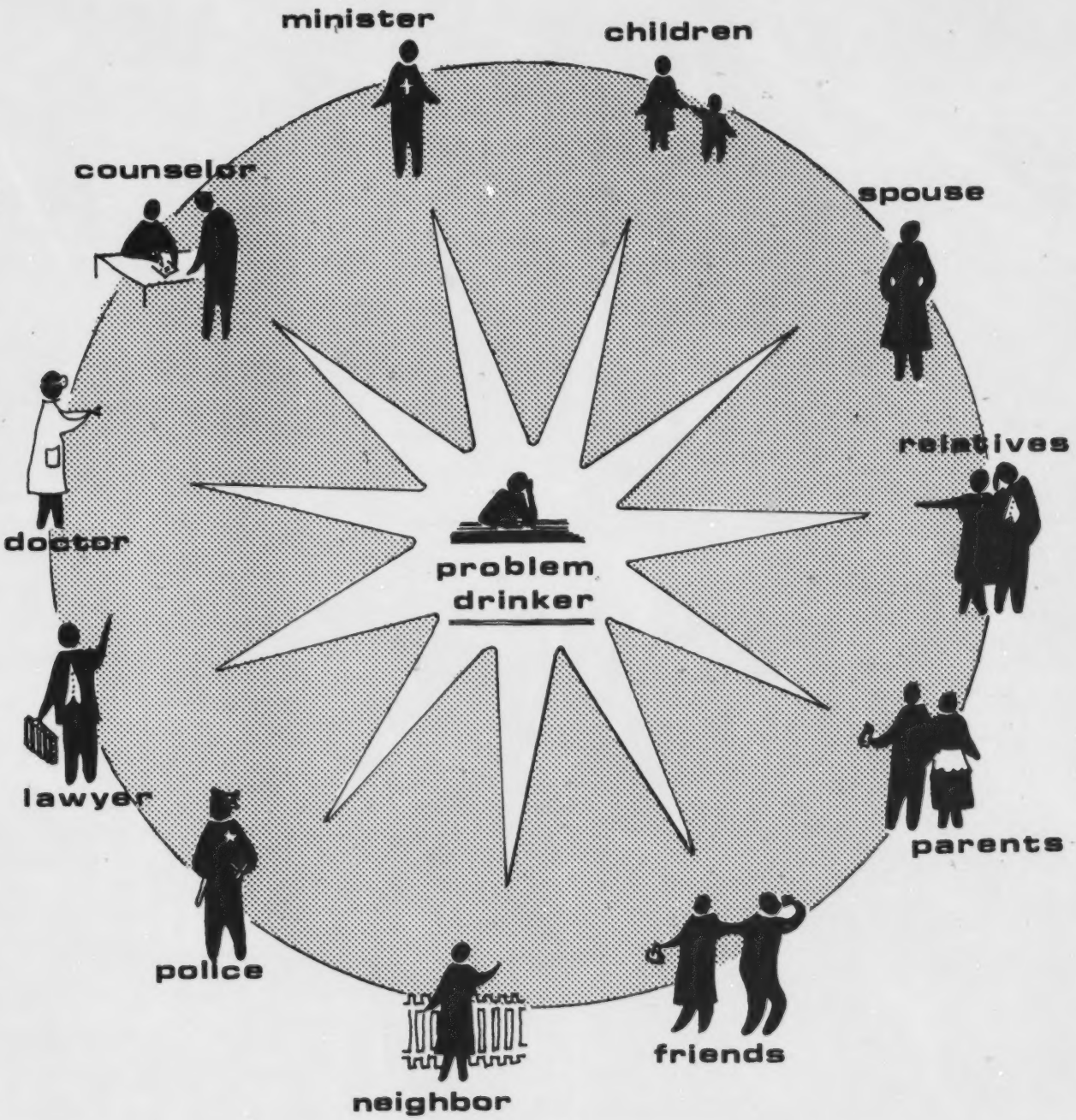
Parents:

Loaning money to cover-up problems; making things better;
Making excuses for son or daughter's behavior at parties, functions or to friends;
Reinforcing the son's or daughter's excuses, i.e. if only he had been a stronger child, she was a sensitive youngster, he married the wrong woman, his father ignored him, the teachers like her, other kids always teased him, and on and on.
Denial of any problems with drinking.

Friends:

Urging him to drink more, not to go home, buying him

·CYCLE OF REINFORCEMENT·



more drinks (many of these friends will be heavy drinkers);
Loaning money;
Joining with the problem drinker in making the spouse feel "weird" for not drinking or wanting the problem drinker to slow down.

Doctor or Clinic:

Being too rushed and busy to find out the whole story and prescribing tranquilizers easily for nerves and tension;
Reinforcing the idea a person can not be an alcoholic unless in the late stages without job and family with sclerosis of the liver.

Clergy:

Not referring the family to professional help or to persons with more training in alcoholism feeling the parishioners expect them to have all the answers.

Employer, Foreman:

Believing the drinking is none of his business and not wanting to get the problem drinker in trouble he covers up for absences and tardiness;
When the problem drinker works he/she works harder than most of his employees;
Knows the problem drinker has a family and doesn't want to hurt them;
Drinks with the problem drinker on occasion and doesn't want to get a drinking buddy in trouble;
Afraid to hurt the person's feelings so will fire him/her not mentioning the real reason.

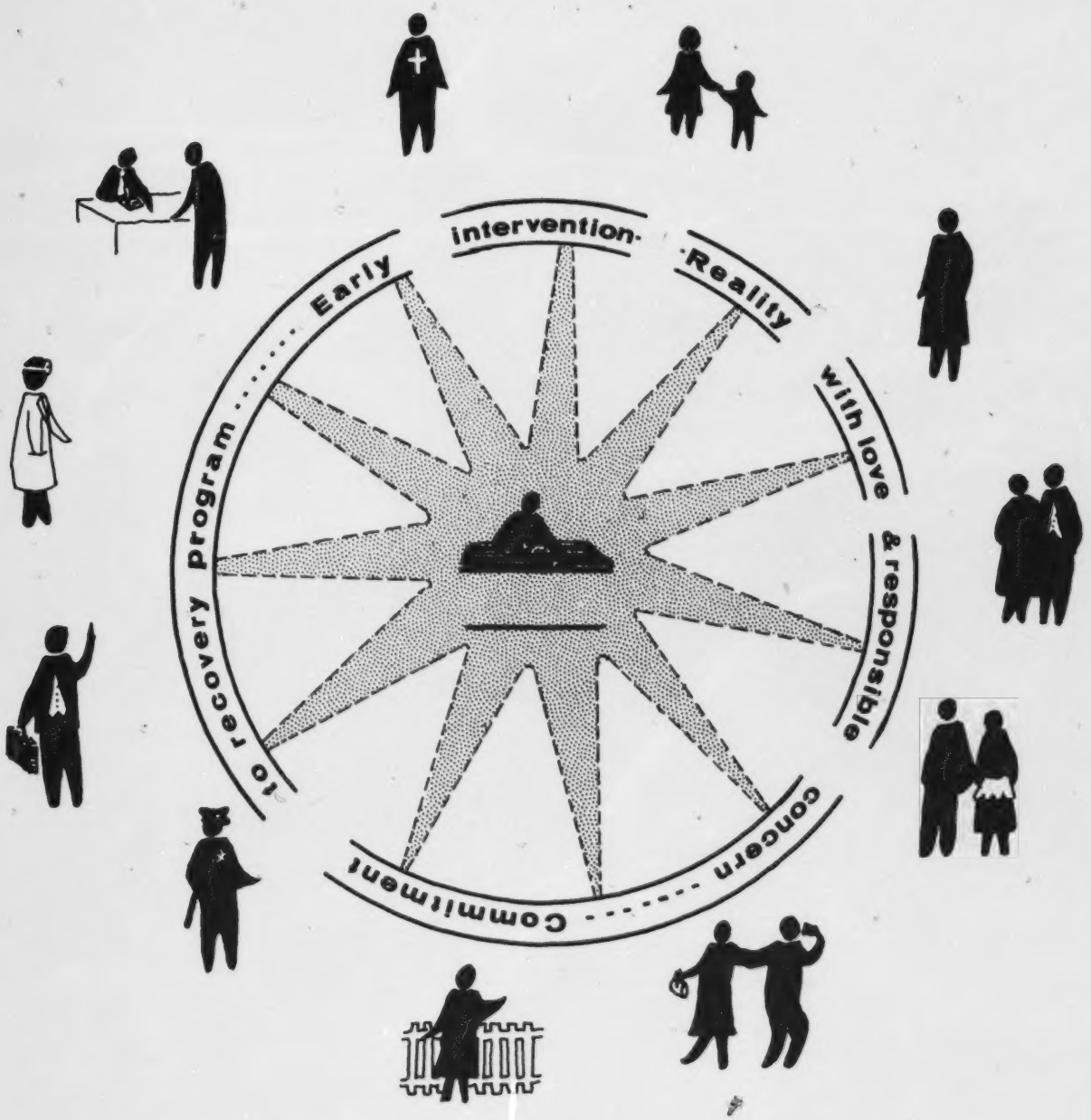
These persons are enablers who <u>unknowningly</u> keep the wheel in motion aiding the problem drinker to deny the reality of his or her situation. These significant persons in the problem drinker's life join in a conspiracy of silence concerning the drinking problem not knowing how to level and fear hurting the problem drinker and themselves.

Denial of a drinking problem and family difficulties allows the cycle to continue its revolutions. The supporting spokes maintain the illusion of a smooth road with no bump or shock felt by the person in the middle. The process of removing spokes or presenting reality is a slow process of small changes in the enabler's actions. First, those significant others examine their concept of loving: is it to rescue another person from the natural consequences of actions? Can we shelter and protect our loved ones from the growing pains of learning how to cope and problem solve?

The enablers can slowly change their responses and begin initiating reality-oriented actions no longer allowing the problem drinker to control their attitudes and behaviors. The problem drinker usually has a difficult period adjusting to the changes in others' reactions to him/her. The changes in responses remove some of the spokes supporting the negative cycle. The wheel becomes wobbly and the problem drinker begins to feel some of the bumps, the natural consequences of the drinking behavior and realizes the old approaches and cover-ups no longer work. The enablers are no longer acting as buffers between the problem drinker and reality. These reality-oriented responses must be presented in a caring, constructive manner to be useful. Planning how to handle an enabling situation which happens repeatedly will lessen the degree of shock and defensive retaliation for the problem drinker. The goal is to present reality with concern allowing the problem drinker to be responsible and independent. The objective is not to "drop bombs" out of a clear blue sky with neither rhyme nor reason.

·FAMILY COUNSELING·

Early Intervention
Commitment to recovery program
Reality with love & responsible concern



An example of preparation would be to inform the problem drinker that although in the past you have called work making excuses for absences, you don't feel comfortable about doing it again. You thought he/she would want to be aware that in the future you would not make the calls unless the person was ill, not meaning a hangover. Then when such a request happens, you might respond:

Spouse: I can't call work and say you have the flu when I know it is a hangover.

Problem Drinker: What do you mean you won't call work for me? If you were sick I would call for you. You know I would. Don't you care if I lose my job. Well if I do, it's your fault because you don't care about anyone but yourself.

Spouse: If you don't want to lose the job, you can call your boss. I have decided that I won't call when you are sick from drinking. I care about you but don't want to argue.

Another common situation is what to do about riding with the problem drinker when he/she is intoxicated. Again, informing the person at an earlier date when the problem drinker is not drinking that you have made the decision not to ride in the car when he/she is driving and intoxicated will be more effective.

Spouse: I would like to go but I know I don't have a good time when I'm worrying about your drinking and driving. I get aggravated and we argue. I would prefer staying home.

Problem Drinker: There you go again. Why don't you admit that you don't like my friends and don't want to go instead of blaming me and my driving. You would like to stay home and feel sorry for yourself.

Spouse: I really enjoy being with you when you haven't been drinking. You can think what you want but I don't care to go out when you've been drinking before we leave.

Of course, the situation could have several alternatives: call and cancel, go alone, stay home alone, ask your spouse to stay home with you.

The important aspect of these situations is maintaining reality making it difficult for the problem drinker to add to or confuse the issue. At first, it may be difficult not to lose your temper and get hooked into side issues, arguments that never seem to have an ending. Remember, losing your temper will happen, you can try again reconsidering your approach to a particular problem or incident.

Other possibilities for reality-oriented actions:

Daughter: It's really hard for me to say this, mom, but the truth is I am embarrassed to bring my friends home in case you are drinking.

Parent: Your mother and I have discussed this and we can't loan you any more money. I'd be glad to help you set up a budget or review your financial situation.

Foreman: I've reviewed your time cards and notice you are late quite often on Monday mornings. In fact, you can take a look at the cards for yourself. I want to see some improvement in the next two weeks.

ASSESSMENT, DECISIONS, ROADMAPS

The material prior to this page is only a small portion of the available information on alcoholism/problem drinking. Reading and discussing the aspects and effects of problem drinking on you, the problem drinker and your family will enable you to understand and assess your individual situation.

The process of accepting alcoholism as a disease begins with knowledge. The acceptance at a "gut level" is a time process. However, questioning and examining the information will explain some of the problems, feelings, and incidents you are experiencing. An explanation does not mean that a situation will change but it can relieve some of the blaming and guilt involved in a family with a drinking problem. The nature of alcoholism/ problem drinking is such that persons who are intimately involved with the problem drinker are unable to assess clearly and realistically their own role and value in the relationship. The confusion occurring in a relationship with a problem drinker can result in difficulties in making decisions and taking actions to improve the relationship.

Assessment of one's capabilities is necessary to make realistic and achievable decisions. Assessment that allows a person to realize true potential is hampered by the need for the problem drinker to keep the family members from recognizing his/her problem with alcohol. In order to keep the focus away from drinking, the problem drinker must create or highlight any inadequacies in other persons. You may

have discovered after reflection that no matter what you say or don't say, do or don't do, it never seems to be the right words or actions: the old expression is, "Damned if you do and damned if you don't."

In pointing out the problem drinker's need to keep people off-balance and unable to know what to do and say, we do not want to imply that the alcoholic/problem drinker is mean or bad. The controlling behavior over a period of time becomes a matter of survival and the person's not knowing any other way to handle the situation.

Our purpose in assessment and gearing assignments to facilitate the process of knowing one's self is to enable you to explore alternatives, make decisions, and take actions that are suitable to you. We cannot list exact actions, sentences and "things to do" that would be appropriate or possible for all persons. Each person is unique, although we do share common feelings and experiences.

Decisions

Do you find it difficult to make decisions concerning your relationship with the problem drinker? You have the feeling that you know what you want, what needs to be said or done, but after talking with or encountering the problem drinker with your concern, the decision is lost or confused. Confusion regarding what is the best thing to do for me or the family is common for persons involved with a problem drinker.

A help may be to look at decisions made over the past months and years and reviewing the results. You may have been trying for a long time to do something about the situation and looking back

can find the patterns that exist in your life. Have there been periods of abstinence? Were these times precipitated by pressure? How long did these periods last? How many crises have occurred in the last year? two years, or longer? Have the problems been solved, worked through, or were they ignored and buried? How long did the peace last, and was it peace or compromise? Compare your answers with the readings and the discussion. Can the information and situations discussed and read "fit" into the pattern of your life?

Once you have made the decision that drinking is a problem in your family then other decisions become more acceptable. Your decision to get involved in a program concerning problem drinking indicates that drinking has caused you disturbances and has become a problem. You may have those times of doubt but if you reflect on the patterns and the conditions existing in your relationship with the problem drinker you will recognize the reality. We are susceptible to doubts, particularly in this area as it takes time to feel the acceptance of alcoholism as an illness and not worry about the stigma.

We have repeated throughout the pages, over and over again, that alcoholism is progressive, that if the problem drinker continues to drink alcohol, things will get worse. We know that these are more than words on a page, and involve research and our experience with hundreds of families over the years. We know there is hope and change is possible. We also know to do nothing <u>will prove of little value</u>. We know it will take active involvement and changing your actions

and attitudes will not always be easy. New experiences and new unfamiliar actions are frightening----at first. Old decisions can be hampering the making of new decisions.

Another important decision and action is telling the problem drinker that you are seeking help for the drinking problem in your family. Some people will say that they have told the person that he/she is a problem drinker. How the person is told has great impact on the reaction. Accusing the person and yelling will result in putting the person on the defensive. Arriving home after the meeting with the counselor and announcing that you have discovered that your husband or wife is an alcoholic and you are going to do something about it, will probably result in an explosion and put the person up against the wall. Accusations place blame and we are not interested in "fault" and its ownership but rather what we can do to improve the communication and help the problem drinker realize the reality of the situation. Accusation will force the problem drinker into denial.

At some point and very soon, we recommend that you find a suitable time to talk with the problem drinker. The worst time would be when he/she is intoxicated. This program is based on leveling and communicating reality. Unless there is physical danger to you or another family member, it is important to let the problem drinker know that you are seeking assistance for the drinking problem in your family. The following are some examples of leveling about the drinking problem:

Accusation method: I went to talk to a counselor today because you are definitely an alcoholic. The counselor said you're going to get worse unless I take action.

Leveling with concern: I am really concerned about us and our relationship. I care about what happens to me and to you. I talked to a counselor today because I am worried about the drinking problem in our family.

We are not demanding you use these words but anticipate you will speak in a manner comfortable to you. The points for emphasis: you are concerned; there is a drinking problem in our family; and, the situation involves more than just the problem drinker, we, our, and us.

In telling me that you care, you are concerned and seeking help for the problem in our relationship, I am more receptive to listening and accepting. This method of communication does not insure that the person will be extremely kind or cooperative. However, such an approach indicates a positive attitude and your willingness to share responsibility for the situation and change. You are not saying, "It's your problem, you're wrong, and I insist you do something about yourself!"

Reality with concern is more effective. Reality without caring can be cruel and destructive. We want to build a person not tear down or destroy.

Roadmaps

No we are not going to map a trip; well, perhaps we are in a sense. We are assessing where you are right now in your life and where you, with your abilities, talents, concerns, and responsibilities, can and want to go.

A roadmap is used as an aid in traveling through unfamiliar and new territory. We are traveling and exploring some new experiences; mapping and charting our course will be helpful.

First, we set some short-term goals, objectives that are manageable and possible. The way we approach achieving a short-term goal can be studied using these skills to achieve our long-range goals.

I think most people have an idea where they would like to be in a year or so, but it takes a little time to sit down and clearly outline the direction. We get very busy for a space of time, years sometimes, doing all the routine necessary tasks to maintain existence not taking the time to stop and question ourselves about where we are and what we would like to happen in our lives. Now you might be back at the beginning of this paragraph, disagreeing and protesting that you don't have the vaguest idea of what you want to do or where you want to go in the future. I think your reading this material, your wanting to change conditions at home and your relationship with the problem drinker indicates that you do know what you want or don't want in your life.

We think the Forum can be valuable in mapping. Together and alone we will explore our "selves" acting as forward scouts for each other. One person may be farther along in a direction we are choosing or considering. Someone may have experienced an avenue you are contemplating and can share some thoughts and opinions. Our sharing of information and experience will draw a more detailed map.

You and I cannot know what choice is suitable and which way to go until we have some knowledge of who we are, our likes, desires,

needs, assets and liabilities in all the areas of our persons. We then can draw a map setting a destination, assessing the detours and barriers and exploring all the avenues available to reach our goal.

The information we have read and discussed is providing some means for making a decision. The decisions are yours, but others can present alternatives.

In the next few weeks, we will find words and phrases to communicate to each other who we are and where we hope to go. We will discuss communication systems in families. We are going to set a short-term goal to be achieved by the last meeting. The following pages will present guidelines on setting a goal for yourself. Space is provided at the end of the materials to record your goal. The goals will be written on a group sheet next week.

Use the extra sheets at the end of each week's material for completing assignments and to record additional comments. Maybe you will discover that writing is an outlet for pent-up feelings you can not express to anyone else. Writing feelings and later reading them allows you to sort through your thoughts you may be keeping to yourself allowing you to place them in perspective and evaluate their importance.

Please do not concern yourself with spelling or grammar; place your focus on writing what you <u>really</u> think and feel.

Objective Setting Guidelines

1. Is the goal realistic? Can it be achieved in the time span given? Ask yourself some questions about the goal: Is this a good time to consider doing this? Am I too busy at this time? Do I have to depend on any other person or persons to achieve this goal and will they be cooperative? Will this choice add too much stress to my life at this time or will it enhance my life? Answering these questions helps to plan a goal that is within your reach and eliminates risks of non-achievement.
2. Are you able to measure the goal in definite terms?

   Unmeasurable goal: I will improve my attitude towards the family.

   Measurable goal: I will read a story to the kids on weeknights.

   Unmeasurable goal: I will improve my vocabulary.

   Measurable goal: I will learn one new word each day using the dictionary.
3. Do you really want to do it or something you think others expect of you? Are you pursuing this for yourself or for another person? Whose choice is this: yours or someone else's?
4. Be precise and don't set alternative goals. Don't confuse yourself from the start.

Unacceptable: I will either read a book for pleasure this week or jog three times around the block.

Acceptable: I will read a book for pleasure this week.

Acceptable: I will jog one block three nights a week.

5. Is the goal related to making you feel better about yourself or related to concern or need of yours? This guideline is associated with no. 3. Will the goal make you feel positive about yourself? Do you think the action is valuable? If you set a goal such as raking all the leaves in the yard and find this task very unpleasant then your achievement of this goal will not make you feel good about yourself. In fact, working at a goal that is producing resentment within you will only add to frustration. Also, setting a goal that will pick up another's responsibility or behavior is not growth producing.

Unacceptable: I will make my son's bed this week. (The son's responsibility.)

Acceptable: I am going to get my hair styled this week.

Recording Goal:

Short-term goal: _____

_____

_____

Achievement Date: _____

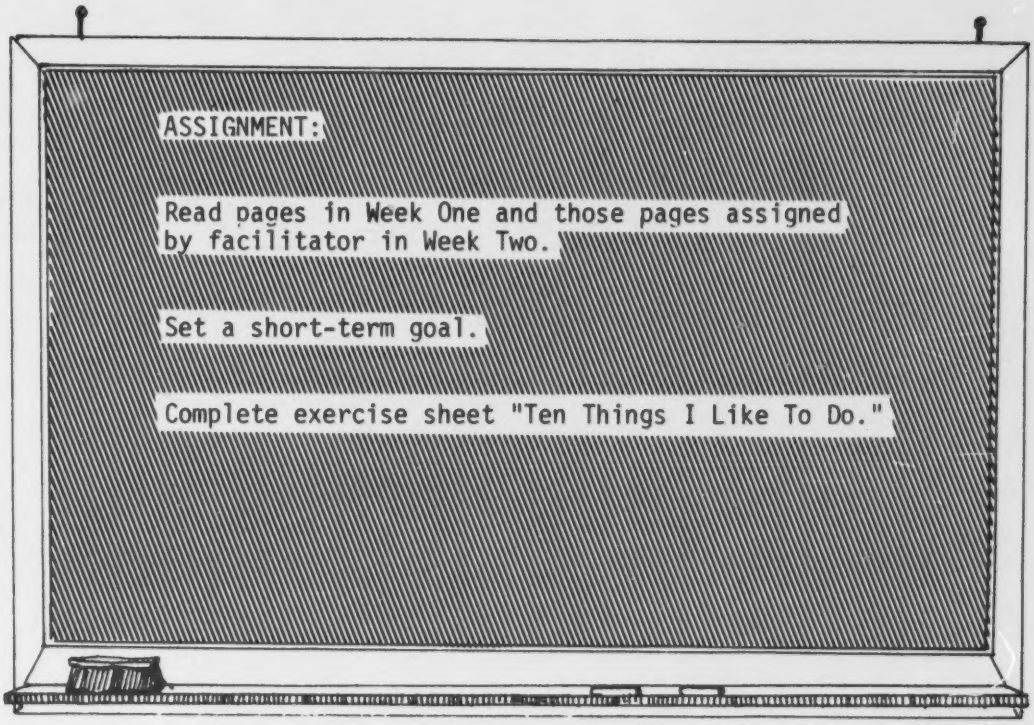
_____

I hope completing this objective will _____

_____

_____

_____


ASSIGNMENT:
Read pages in Week One and those pages assigned by facilitator in Week Two.
Set a short-term goal.
Complete exercise sheet "Ten Things I Like To Do."

DO I HAVE TO DO THAT?
DON'T WORRY! WHAT EVER YOU WRITE IS RIGHT!

TEN THINGS I LIKE TO DO

	A	P	$	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

A - Alone
P - With Other People
$ - Value/Cost
Date - Last time you did the activity

Complete these sentences after doing the above:

1. I learned that _____

_____

_____

2. I wish that _____

_____

_____

3. My activities are _____

_____

_____

- NOTES -

- NOTES -

WEEK TWO

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WEEK TWO

Before we begin discussing the written assignment,are there any questions or comments regarding last week's reading or session?

- - - -

Each person brings to these sessions a unique living experience, background and perspective; therefore, the discussions and readings may have different interpretations for each of us. Our individual differences make participation and discussion important and can enhance our understanding and experience.

The assignment for last week emphasizes you, what activities do you like and what did you discover or uncover in listing them? You may wonder why bother with such activities, how can this affect or change the alcoholic's behavior or conditions at home?

The problem drinker is one matter and your actions, reactions, and feelings about the drinking behavior and yourself are another. A drinking problem causes conflict and confusion demanding much of the family members' attention and time which can limit the view of the rest of the world and can result in a person losing touch with who he or she is, used to be, and could be.

REVIEW ASSIGNMENT

Our relationships with others vary from casual acquaintances to the most intimate. Those relationships most important to me take work to maintain because I want to convey accurately where I am and what I mean. Communication that tells who I am, what I think,

feel, believe, fear, and enjoy, provides an atmosphere most productive for growth.

A definite risk is involved in disclosing yourself to another person, not only will the person be better able to help you but will possess the knowledge of how to hurt you. It takes courage to allow others to know you as you know yourself. If I can reveal myself the better I will know myself. The assignments are to help in the process of getting to know who you are.

Sidney Jourard in his book, THE TRANSPARENT SELF, (1971, Chapt.1) speaks of self-disclosure:

> "Disclosure of the truth of one's being is often penalized. Impossible concepts of how man ought to be . . . make man so ashamed of his true being that he feels obligated to be different . . . Yet when a man does not acknowledge to himself who, what, and how he is, he is out of touch with reality, and he will sicken."

Even in families where we expect people to be known to each other, we find strangers isolated from one another.

Allowing ourselves to express our real feelings and thoughts is subject in some degree to how much freedom of expression we experience in our lives and the ways we learned to work through feelings. Inhibiting messages, such as: "What are you crying for? A big fellow like you shouldn't cry." Or the parent who insists: "I want everyone to smile and have a good time." Or, "Don't talk to me like that! Who do you think you are?" or, not talking about sex, fears, happiness or unhappiness, have an influence on our expression of self.

The more we are able to recognize, accept and express our feelings and thoughts, the more we can know ourselves and clarify our meanings to important others in our lives. However, if I allow someone else to dictate my moods, my smiles and frowns, then I become subject to another person's feelings, whims, moods, and actions. In being totally dependent on another person for my feelings, I not only lose my life but may be denying that other person a fully independent life.

COMMUNICATION OR I AM, I FEEL, I THINK

For weeks now, I have been trying to write this section on communication. How ironic that communicating about communication should prove to be difficult. Riding in the car, tossing in bed, eating breakfast, lunch, or dinner, walking in the yard, scrubbing the tub, and flying in planes, my mind would write and rewrite--- how would I say how to say who you are.

The age of modern, advanced, electronic, space communication is right now, today. Yet so many times I find myself sitting talking with people who are afraid to communicate, particularly in their intimate and family relationships. A woman will say to me in a session, "My husband can articulate so much better than I when it comes to expressing his views. I don't feel as if what I have to say is important." Or, "He just won't talk about how he feels about me or the children." Or, "If I try to approach her about her drinking or say I love her, she clams up. I don't think she loves me."

So often these people are very skilled and talented in many areas of living, but when it comes to saying what is going on inside their inner selves, the part we think we can hide from others, they encounter problems.

Not until after our marriage and after Don quit drinking (and even then it took counseling) did I feel comfortable to communicate to significant people in my life, what I was really feeling and thinking. Those first efforts were painful and scary. Aren't we all in some ways afraid of the

dark, the unknown. This kind of communication was "the dark", the unknown for me.

I chose a third person to assist me, a counselor, but with great reluctance. During the drinking years, Don and I had reinforced each other's feelings of inadequacy through our defensive reactions and responses to each other. I wasn't sure I could yet trust his response to me. The first year or two after Don quit drinking, we spent working through our resentments and guilt. I believed he loved me, but also thought: he accepts me because he has to, I am his wife.

The first sessions with the counselor were wet with my tears. Gradually I became more comfortable and I found the response I was receiving rewarding. I became determined to stick it out another time with each session. The relief I began to experience within myself became a reward. The most surprising aspect of disclosing me, the inner secret me, was I could say things I thought would scare off another person or create dislike; and found instead that the world did not come to an end, neither was I rejected. I can remember the day when I told my friend my most hidden secret. He did not run away, scold me, reject me; but continued being with me, helping me understand myself by trying to understand me.

When I left that meeting, somehow the world around me became more distinct; people, colors, figures, all came alive and receptive to me. I saw myself as very loved and valuable. How important to discover you are of worth with your very presence.

The relating of this experience is not to beat my own drum but to point out the importance of the friend who did understand and communicated that understanding both verbally and non-verbally. He did

not begin to solve my problems immediately or tell a story about himself but listened and understood.

This excerpt from my life says something about what was keeping me from saying who I really was. Fear of rejection, feelings of little value in the world, pride, old messages from my childhood, embarrassing incidents in my past, resulted in my fear of revealing.

How do we get past these inner feelings that trap the words in our throats or only allow their escape in shouting matches? Becoming aware of your thoughts and feelings and recognizing them as part of you and part of all persons can make us more comfortable with our inner self. Talking with people you know will attempt understanding, makes the beginning efforts less painful. Practice, as in many other arts, helps perfect our communication.

Communication with the problem drinker about your feelings is a shaky process. However, burying your feelings results in tense, anxious moments and days creating resentment and anger with others. For years I buried feelings relying on old habits of being, believing things would work out. Meanwhile the stockpile of unspoken words grew higher and explosions were inevitable. Some people can not release the tension but sink into depression, mute hostility, or physical pain.

Yes, a definite risk exists, for to tell him or her that you are concerned, care or love, is to leave yourself open to more hurt. Yes, to speak to him or her about the drinking problem and your seeking assistance may bring cold silence, rejection, or chides and taunts. But not to risk, what is your life of burial doing to you? How

long can your feelings be stretched in and out before they snap or you simply quit allowing feeling?

One person must make changes to break the cycle. If I never see another way, how can I know there is another way. You can model the way of speaking from the inner self. When a storm blows because you have spoken what you really feel and think, at least you know why there is a storm and know it means progress.

When a person is intoxicated, talking often becomes shouting and even sober a problem drinker will approach problem solving in an irrational manner the logic of which is known only to him or her. I never could understand how some of our discussions would get so messed up and end in a totally different place than their beginnings. Don could not level, because leveling would mean revealing he was afraid and had a problem. He thought he could not quit and did not want to admit another failure. The only avenue open he thought was to deny the problem then, he did not have to try and fail. This solution pushed him into playing games to keep me off balance and allow me to pick up the guilt or burden for our inadequate communication. These failures in communication reinforced old feelings of worthlessness in both of us and continued our cycle of negativism.

The following incident is to illustrate the denial and inability to deal with the real problem:

A client told me that a bill collector had been pestering her at work for a payment. She insisted many times to the caller, they did not have a loan with the company. Finally, she realized that her

husband had made a personal loan on his own signature. She was extremely upset because he had done such a thing behind her back and because she felt foolish with the person on the phone and with fellow employees. She confronted her husband.

He became enraged and verbally attacked her for her righteous ways. If she was more receptive to him and his problems, he countered he wouldn't be afraid to tell her these things. She lacked understanding, he claimed. After all if they had financial problems people would blame him not her. He was the one who had to run out and get loans. She was sneaking around finding fault with him. He wanted to be able to tell her but knew she would have been angry and made life miserable. The wife felt very bad about approaching him by the end of the encounter. He had established his right to do whatever he wanted, because she would not understand and would disagree with his solutions.

I relate this story to demonstrate irrational reasoning. This woman began by confronting her husband with a problem. Of course, she was extremely angry because of her embarrassment and his ignoring of her in the decision. After reviewing the incident, she enacted another way of handling the encounter.

First, she said it might have been better not to have begun as soon as she hit the door, but to have waited and asked if they could sit down and talk for a few minutes. Then, she changed her approach: "I want to talk about something that happened today at work. The whole matter had made me angry and been rather embarrassing to me. Mr. ____ from ____ Company contacted me at work several times and wanted the delinquent payments on our loan. I was not aware of any loan and

gave him a hard time. Finally he told me you had signed without me. My feelings are hurt and I am upset about the bill, too. I don't know what can be done but I do not appreciate your keeping this from me." Now her husband may begin his accusations, get angry just as she had done, but she was determined to not get involved and distracted from settling the matter at hand.

She might have replied, "I gave Mr. _____ your number at work and told him we would talk. He expects you to call him tomorrow or he will contact you at your job the day after. Maybe I could be more understanding of the pressures of our finances, but I think we share the burden. I do not agree with your saying you couldn't tell me because I would get angry. It seems to me that I got angry because you didn't tell me. Next time you are worried, give me a chance to understand."

Practicing communication is neither ridiculous nor silly. Anything that is to be perfected takes practice. You can probably point to incidents that occur time and time again. How do you meet these occasions? What do you say? Are there more effective ways to communicate during these times? Or should you attempt to express yourself or wait for a better moment? How would you like to be during the tense encounters? Keep in mind that you are human and we are not speaking about keeping cool and controlling yourself, but recognition and expression of feelings rather than denial.

Even though Don and I have worked with people for years in counseling, have been to numerous workshops and read books on communication, we encounter difficulties in our communication on occasion. I feel exasperated

when this occurs because I believe we should know better. Sure we know better, but knowing is not always doing because we are human. The only end to trying is when we stop and close the door on each other or on a particular area. It only takes one of us to leave the door open or to reopen a shut door.

This second week stresses communication as being essential to our existence and meaning. Not just the communication that people interpret as, "She can really talk." or, "He really has a way with words." The kind of talking I mean goes beyond facts or surface matters to saying something about the inner self, the self that can not be seen with the eye.

One of my favorite stories, The Little Prince, relates the encounter between the prince and the fox. I will not retell the whole story and you may be familiar with this tale. The fox, in explaining what friendship and a relationship is, tells the prince that the essential things are not visible. Yet in our world, we often lose sight of the importance of the unseen self and the effect the non-expression of this self can have on our lives. As long as the visible surface appears smooth, maybe we can keep going.

We believe it is vitally important that the problem drinker be aware that you are involved in the Forum as soon as possible. I ask clients to speak to the problem drinker about coming to a counselor and seeking assistance for the drinking problem in "our" family. I remember one time asking a woman if she had spoken to her husband about the drinking problem and that she was seeing me. She assured me she had.

When asked what she had told him, she related that she had told him he was a *#//?* drunk and she had talked to someone who was going to straighten him out. Needless to say, we had a long way to go.

The approach a person uses makes a difference in the effect of the message on the person and his/her ability to respond in a leveling manner. An approach that communicates concern and willingness to understand, but is firm and realistic is most effective. An approach that communicates acceptance of the person both verbally and non-verbally, but rejection of the behavior makes the greater impact. An approach that accuses, chides, demeans, and rejects the person is of no value and most destructive to all persons involved.

Carl Rogers in his book, On Becoming A Person (1961, Chapter 17), proposes that a major barrier to effective communication is that we are very busy with our own need to evaluate, to confirm, or to deny, what the other person is saying. If I respond too quickly, jump in and cut off the other person robbing the speaker of what he/she is saying or feeling I lessen the chance for that person to feel understood and reveal him/herself to me.

If for example, you were to read a section of the book and comment to me you did not particularly agree or like what you read, I would have some alternative responses. Supposing I were to answer quickly, springing to my defense without thoroughly understanding or exploring your meaning and thoughts. No doubt, I would lose your appreciation for other aspects of the book and turn you off quickly. A greater loss would be missing another perspective of the words and the opportunity to expand my awareness of you and the material. My focus in that response

would be on the right and wrong rather than growth and learning. A rather defensive response one might say.

If on the other hand, I respond that your comments are a little uncomfortable to hear and I had not thought of that aspect, we could discuss our ideas and views allowing each other the freedom to express our differences. Then we would be able to share these differences in our experiences, values and attitudes. Our communication in this case could have growth potential for each of us.

The following two articles are reprinted with the permission of the authors and add another dimension to the process of communication. Reading and practice can expand our awareness of experiences and situations outside of ourselves thereby increasing our own ability to communicate and understand others.

Communication as Defined by John Powell, S. J.

The following excerpt is taken from the book, WHY AM I AFRAID TO TELL YOU WHO I AM, by John Powell, S. J., Argus Niles, Illinois 1969.

One word, communication, refers to a process by which someone or something is made common, that is, it is shared. If you tell me a secret, then you and I possess the knowledge of your secret in common, and you have communicated it to me.

But you have much more to communicate to me, if you wish to, than merely one of your secrets. You can tell me who you are, just as I can tell you who I am.

In our society today, we have placed a great stress on being authentic. We have talked about placing masks over the face of our "real" selves, and of playing roles which disguise our true and real selves. The implication is that somewhere, inside of you and inside of me, lurk our real selves. Supposedly, this real self is a static and formed reality. There are moments when this real self of mine shines out of me, and there are other moments when I feel compelled to camouflage my real self.

There is perhaps some justification for this manner of speaking, but I think that it can be more misleading than helpful. There is no fixed, true and real person inside of you or me, precisely because being a person necessarily implies becoming a person, being in process. If I am anything as a person, it is what I

think
judge
feel
value
honor
esteem
love
hate
fear
desire
hope for
believe in
and
am committed to.

These are the things that define my person, and they are constantly in process, in the process of change. Unless my mind and heart are hopelessly barricaded, all these things that define me as a person are forever changing.

My person is not a little hard core inside of me, a little fully-formed statue that is real and authentic, permanent and fixed; person rather implies a dynamic process. In other words, if you knew me yesterday, please do not think that it is the same person that you are meeting today.

I have experienced more of life, I have encountered new depths in those I love, I have suffered and prayed, and I am different.

Please do not give me a "batting average," fixed and irrevocable, because I am in there constantly, taking my swings at the opportunities of daily living. Approach me, then, with a sense of wonder, study my face and hands and voice for the signs of change; for it is certain that I have changed. But even if you recognize this, I may be somewhat afraid to tell you who I am.

IT CAN BE A VERY HARD THING TO DO BUT SOMETIMES YOU HAVE TO SAY

by Fredelle Maynard with Rona Maynard

Jean lived next door to us a few years ago. She was generous, warmhearted, impulsive, full of life. I regretted losing her as a neighbor and really meant it when I said, "I hope we'll meet again".

Still I was a little nonplussed when she wrote saying she was driving East with the children and looked forward to spending two or three weeks with us.

Now the truth is, a friend you can enjoy for brief visits is not necessarily one you'd choose to have around twenty-four hours a day. Jean's notions about bringing up children and her whole style of life are very different from mine. Remembering her tireless, irrepressible boys, her passion for the "Late, Late Show" and her enormous German Shepherd. I shuddered. But how can you say no to a friend? I dashed off a note falsely assuring her we'd love to see them; July would be perfect.

They came. The boys spent the mornings on projects involving quantities of paint, clay, water, balsa, wire--all abandoned wherever they were used. They put a baseball through the picture window and set the kitchen on fire with a chemistry experiment that got out of control. Everybody stayed up till midnight with much snacking. The German Shepherd tore up my husband's flower garden. I spent July doing laundry and dishes. The experience did not make me fonder of Jean but Jean had such a great time I'm already wondering what to say the next time she plans a New England holiday.

Why didn't I just tell Jean the truth--that I'd enjoy a short visit but three weeks was too much? Because, like most people, I hate to say no. Faced with a conflict between what others want me to do and what I want for myself I can't choose personal satisfaction without a stab of guilt.

Women find it particularly difficult to say no. Men may find it difficult, too--but a man is not expected to be unfailingly sympathetic, understanding or self-sacrificing. A man doesn't naturally take over the children when his wife's had a hard day. If his mother calls, upset and in need of emotional support, he doesn't rush right over. (He may, however, send his wife). It's women who are supposed to have special talents for aiding the distressed, for disregarding their own comfort in the face of other people's needs.

Helping others is an important part of life, but that doesn't mean we must give our time and energy to anyone who asks for it. And performing helpful acts is not always the same as being truly generous. A woman who impulsively agrees to bake six pies for church picnic may, by the end of her stint in the kitchen, be full of ungenerous thoughts about members who spent the afternoon sunbathing. And she's apt to feel even more resentful if, when she finally arrives at the picnic, no one seems sufficiently grateful.

For a gesture to be truly helpful and appreciated, it must be offered spontaneously by someone who wants to lend a hand. If you're constantly saying yes only to end up feeling exploited and unappreciated, you're probably saying yes for the wrong reasons. Here are some of the most common.

TO WIN APPROVAL AND ACCEPTANCE

We all want to be liked - be friends, family, casual acquaintances. And when we're feeling a bit insecure - because we've just moved to a new neighborhood or joined a new club, perhaps - we try extra hard to be

"nice". One young woman, for example, placed her toddler in a cooperative day care center. The other mothers, old friends all, talked a lot about parent responsibilities and the cooperative spirit - but many missed their childcare shifts and never volunteered for clean-ups. Determined to prove her reliability, the new member agreed to special committees and all-day scrub sessions that others couldn't fit into their schedules. The extra work produced headaches, jangled nerves--and the melancholy realization that she was still an outsider; her diligence (a little self-righteous by then) made the others uncomfortable.

TO CONVINCE YOURSELF YOU'RE A GOOD PERSON

A woman who feels guilty is under even greater pressure to oblige. Anxious to make up for real or imagined failures, she seizes any opportunity to set things right. Here's how one young mother described a misdirected attempt to allay guilt feelings: "I'd just gone back to work, and Danny missed having a full-time mother. I felt I was depriving him of something important, so I tried to make up for it by taking him to see Snow White on Saturday. First he wanted popcorn. Fine. Then it was a soft drink and an ice cream cone and a ride on the mechanical horse. I was getting pretty fed up, but I kept telling myself, "You owe it to him". But the more he got, the more he wanted. By the time we'd bought balloons and hamburgers, he was in tears and I was wild. If I hadn't been feeling guilty, I'd have stopped at the popcorn."

TO AVOID HURTING SOMEONE'S FEELINGS

It's hard to disappoint someone you like without feeling unhappy. So when a good friend invites you to dinner with a couple you can't

stand, you accept - even though you know your husband is apt to sit darkly silent all evening, your own attempt to be cheerful will sound false, the other couple will be uneasy, and your hostess will sense the strain. The end result may well be the hurt feelings you were trying so hard to avoid. It doesn't always turn out that way, of course. You may succeed in convincing everyone that you're having a marvelous time. But what happens when the invitation is repeated again and again? Sooner or later you will have to hurt your friend's feelings - and sooner is better than later.

TO PROTECT THE FAMILY IMAGE

We all want our families to be respected. So when your daughter says she just can't deliver the Girl Scout cookies she took orders for, or your son remembers at the last minute that he promised to do some posters for the Drama Club, you pitch in. Even your husband's obligations have a way of ending up on your list of things to do. Sometime in March, he may say, "My God, I never thanked old Mrs. Bunker for those purple socks she sent me for Christmas! Would you drop her a note? You always know what to say". You've never met Mrs. Bunker, and you're a little tired of handling your husband's correspondence, but you're worried about what Mrs. Bunker will think if the Christmas socks aren't acknowledged. Resigned, and hating your own resignation, you write. Again.

TO PUT OTHERS IN YOUR DEBT

Sometimes we put ourselves out for others in hopes they'll return the favor. For instance, you may agree to water your neighbor's

plants and feed her cat for the two months she's in Europe because you think she'll take your dogs over Christmas vacation or bring you a large bottle of perfume. If all she does is send postcards, you're in for a big disappointment.

The reverse also holds true. If someone you scarcely know volunteers to keep your two-year-old while you shop, insists on bringing bulbs for your garden and homemade jelly for your table, be wary. Some return, emotional or material is expected.

Why is it so important to learn to say no? Because every time you give in to a querulous child or an inconsiderate friend, you build up resentment. If you smile gallantly and say "I'd be glad to" in your friendliest tone, no one guesses how angry you are. Eventually, though, the anger surfaces - ofter on the most trivial provocation. I think of the time I was persuaded to host a children's Holloween party the night before my parents arrive for a visit. After spending an entire day cleaning the house, tidying the spare room, cooking lasagna for twenty and decorating the basement, I was so furious I exploded when my daughter couldn't find the bottle opener. Naturally, she was surprised; why such a fuss over a bottle opener?

If a woman constantly says yes, ignoring her own needs while doing for others, she begins to feel the world owes her something. Vast stores of unreleased anger may lead to depression or produce skin rashes, headaches, ulcers, and other psychosomatic complaints. As she ages, such a woman often wallows in self-pity ("I gave my children the best years of my life . . .") or turns tyrant, insisting that her grown

children pay off the debt by catering to her. When a son or daughter fails to meet her demands, she's outraged - by the thought of her wasted life. Because she chose to spend her years meeting the needs of others without learning to say no, she never defined herself, never really grew up.

What does no mean? In a two-year-old, it's an assertion of independence. Each refusal to eat his spinach or take a nap sharpens the child's awareness that he's a separate person. In adult life a well-considered no serves a similar purpose. It's one way of saying "I have a right to be me". There's nothing shameful about defining the limits of your generousity and tolerance. The woman who makes self-lessness a life principal is denying her own humanity. Though she behaves as if she's more noble than the people she helps, she actually sees herself as less deserving. Her time and energy are unimportant. What she doesn't understand is that the truly unselfish woman must love herself as well as others. "If it is a virtue to love my neighbor as a human being," says Erich Fromm, "it must be a virtue - and not a vice - to love myself since I am a human being, too."

When should a self-respecting person say no? Here are some guidelines:

SAY NO TO ANYTHING THAT WOULD MAKE YOU FEEL BAD

If you know that consenting would make you feel angry, resentful, uncomfortable or ashamed, the answer should be a firm, unequivocal no. A classic example: almost every woman confronts, at some time or other, the embarrassment of an unexpected pass. A man she likes - a professional

colleague or a friend's husband, perhaps - suddenly puts his hand on her knee. However innocent her behavior, she can't help wondering if the situation isn't partly her fault. "I was struggling home through the rain with two heavy grocery bags," a newly divorced woman told me, "when Linda's husband offered me a ride. I've know Linda and Mark for years, so I invited him in for a drink. Before I knew it, he was telling me what an attractive, sexy creature I am. As it happens, I'm not sexually attracted to Mark, but you don't tell a man that--not when he thinks you've been leading him on. Rather than get involved in long explanations and gracious refusals, I let him make love to me. Now I'm uncomfortable with Mark and Linda. I should have just said what I felt: "I'm sorry . . . no."

In another, very different situation, a friend received from her mother-in-law a touchingly lonely letter: "I miss Dad more than ever now. And this cold weather brings on my arthritis. If only you lived closer so I could see the grandchildren . . ." Her husband suggested inviting his mother to spend the winter. "We've got the extra bedroom - and she'd be no trouble," he said. Though she was fond of her mother-in-law and anxious to help, my friend's heart sank. She knew that before the first month was out, she'd be tense with the strain of trying to keep her housekeeping and her children up to Grandma's standards. She decided to be honest. "I'm sorry," she said, "but I don't thing that would be good for any of us. I'd love to have Mother come for two weeks, though." Refusing to let her come at all would have made my friend feel rotten. But two weeks seemed like a good balance

between her private desires and her sense of responsibility - a balance that felt comfortable for her.

SAY NO TO THOUGHTLESS REQUESTS

You are a person - not a pair of hands or a means of transportation. One of the deepest human needs, as Anne Morrow Lindbergh observes in "Gift From the Sea", is "the desire to be accepted whole, the desire to be seen as an individual, not as a collection of functions." When you allow yourself to be used in a way that ignores your special needs and capacities--or capabilities, you may think such a request thoughtless. If, on the other hand, she's rushing off to her dying mother's bedside, you'd surely wish to drive her to the airport, if possible. In that case, she needs not just wheels, but warmth and compassion.

SAY NO TO INAPPROPRIATE DEMANDS

Sometimes people refuse to let us relinquish roles we've outgrown; they want us to go on behaving as if we're sixteen - or thirty-six - forever. When a friend's children were small, for example, she ran a costume booth at the school carnival to raise money for kindergarten equipment. That first year she had a great time experimenting with makeup, devising gypsy headscarves, eye patches, wands and crowns. The venture was such a success that she was asked to take charge again the following year. Five years later, her children, long past kindergarten, she was still caught in the annual costume-booth routine. "I was irritated with every new chairman who called," she reports, "and furious at myself. I should have said, "I'm more interested, now, in helping with the fourth-grade science fair. But I'd be glad to turn over

my records - materials, costs, that sort of thing - to your new costume supervisor."

SAY NO TO VIOLATIONS OF YOUR OWN VALUES AND STANDARDS

You should never feel obligated to lie for other people - for a child who wants a "sick" note to excuse undone homework, for a friend who asks you to perjure yourself in a contested divorce. This is not just a matter of morality: it's a matter of feeling at ease with yourself. This same principle also applies to going along with something that violates your own sense of values. If you disapprove of a college-age daughter living with her boyfriend or a son smoking marijuana, you may not be able to do much about it as long as they're away from home. But you can certainly insist that while they're under your roof, they respect your views: the lovers sleep in separate rooms, the smoker abstains.

SAY <u>NO</u> IF YOU THINK IT WOULD BE WRONG FOR THE OTHER PERSON

The young wife of a high school teacher came to see me in great distress. "Rick's having a bad time with his senior class", she reported. "They seem sullen and . . . well, hostile. So, he's come up with this idea for clearing the air - a cider and doughnut party <u>every Friday night</u>, with open invitations to the kids to come by on weekends and talk. Can you imagine? As it is, he's up till all hours with papers; he chaperones dances, coaches track. If he loses weekends, we'll have no time together and he'll be exhausted. But objecting seems selfish. What can I do?"

I assured her that protecting her husband's health and privacy isn't selfish. She might tell him what concessions she could make

cheerfully (one cider party, maybe, or a cookout), then stand firm. "I'm not willing to turn our house into a community club." she might point out, "because I think you need to get away from the whole school scene."

SAY NO TO DOING WHAT ANOTHER SHOULD DO HIMSELF

There are times when a mother might be glad to give her son a hand with his paper route - because he's been sick or she doesn't want him to get sick by riding his bicycle in a cold rain. But if he asks her to take over because he has to study for a test or wants to try out for Little League, she should certainly say no. Once he's assumed the responsibility of the job, he should either shoulder the burden or give it up. The mother who always gives in sets a dangerous precedent - she teaches the child that it's all right to promise more than he can deliver because someone will pitch in if necessary.

Another common situation of this type occurs in offices. When one researcher (male) says to another researcher (female) "I hate to bother you, but you type so much better than I do, would you mind typing up this lab report for me?" The answer should clearly be no. Being more efficient at certain tasks is certainly no reason to do another person's work for him - especially when there's no emergency involved. Sometimes it's salutary to say, "If you hate to bother me - don't".

SAY NO TO REQUESTS THAT CONFLICT WITH YOUR OWN PRIORITIES

If you're convinced that the health and happiness of your family depends first on a loving, secure relationship between you and your

husband, then you should refuse any requests that put your children - or your parents - ahead of this primary commitment. A child should not get a new ten-speed bike if that means his father gives up the power saw he's been saving for; he should not attend a summer tennis camp if his father has to work overtime all winter to pay for it. A child may clamor for a pet - a legitimate request in ordinary circumstances - but if Daddy's allergic to animal fur; no pets.

SAY NO TO COMMITTING OTHERS AGAINST THEIR WILL

When parents who live half a continent away ask you to bring the whole family for Christmas, it's hard to refuse. But if your children have reached the age where they have holiday plans, and plane fare for all of you would wipe out your summer vacation fund, it's not selfish to say no. It would be really selfish to say yes, absolving yourself from guilt at other people's expense.

Incidentally, it isn't necessary to invent a broken leg or a financial disaster to deny such a request. There's nothing wrong with the truth. In this case you might write your parents something like: "I'm grateful for everything you did to help me grow up to be a person in my own right. I hope you'll understand that now I must treat my children in the same way, respect their needs."

HOW TO SAY NO

Say no promptly before too many hopes are raised. When your mother-in-law asks if you'll make favors for her church bazaar (You do such nice work; the ladies still talk about the potholders you brought for the Christmas party") the temptation is to delay--to blunt the

blow of refusal. "I don't know, Mother. I'll see if I can find time . . ." It's much better to say, with affection and firmness, "I'm really sorry. Not this month."

Don't feel obliged to justify every refusal. You have a right to say no--often more right than the other person had to ask. This is particularly true when children make unreasonable demands. If you've promised to take your youngsters bowling, but the minute they get in the car they propose other, grander schemes, stop the car. "Now look; we're not playing miniature golf. We're not going downtown to look at toys. If you want to go bowling, fine. Otherwise, we stay home." Most children respond well to firmness of this sort. They like to know what the limits are--and are uneasy when they find they can push adults around.

Try to speak without impatience or anger. A soft refusal is hard to fight. As a matter of fact, once you learn to say no, you'll discover that many old angers dissolve. You can decline with serenity and assurance.

Avoid getting caught up in a whole series of no's to the same person--especially one who's very young or very old. (A friend once reported, with wry self-mockery, "Until our son was three, he thought his name was NO, darling.") An occasional yes to something easy will give you strength for more important refusals.

Try to offer a counterproposal when making a difficult refusal. For example, your sister calls and asks, breathlessly, "can you take the kids this morning? I've got a thousand errands to do." Your

instinctive reaction is, "My God, not this morning." She won't be hurt if you say warmly. "I wish I could, but it's a bad day for me, too. Is there some other way I could help--maybe do a few of those errands for you while I'm out?"

Obligations to family, friends and community are facts of adult life. A mature woman welcomes that responsibility. To care for a husband, child, parent, friend is to limit her own freedom--yet without that sacrifice, her life would be less rich. She gives without expecting a measurable return, knows that a difficult yes sometimes leads to a deeply rewarding experience. But if she values her peace of mind, she must separate legitimate demands from those that are trivial or unreasonable. She'll give up a night's sleep for a teething infant--but not for an adolescent who wants help with a neglected term paper. A mature woman realizes that she can only be effective in helping others if she herself is a whole person. In short, her first obligation is to herself.

*This article appeared in the May, 1974 issue of Women's Day Magazine.

Communication Practice

Good communication involves several components and being able to verbalize/talk is not the end of communication, but the beginning. Messages are sent verbally or non-verbally. The non-verbal communication refers to our body positions, tone of voice, facial expressions, change in coloring and breathing.

Some common problems in the communication process barring the path to mutual understanding and value between partners are double-messages, one-word answers, love knows all and assumptions. In examining these areas, I refer the reader to Virginia Satir's book, Peoplemaking (1972, Chapter 5), for additional reading. When practicing the exercises, keep in mind how these problem areas could confuse both the communication and the people.

Double-Meaning occurs when the speaker says one thing while meaning quite another. A rather classic example would be a husband sensing his wife is upset and asking if anything is wrong. She replies with icy glare while pulling her arm away from his touch, "Of course, nothing's wrong." A very confusing message. Things continue to be fine while she snaps at the family and stabs people with her glares. The family members may be afraid each is guilty and not ask again, or even know what to do.

One-Word answers or grunts and nods usually say there is more there than is being said. Many times this response is given to the old worn-out messages given every day. A spouse returning home from

work may ask his wife how she is feeling? She answers, "Tired." The unspoken words are: "I am sick and tired of picking up after everybody, of being the maid and waitress, of the same old things day after day." The speaker only thinks "tired." Later when she gets angry because her husband doesn't help clear the table, he asks what is wrong. She replies, "How many times do I have to tell you how tired I am of these routine jobs? Do I have to ask all the time?" Well, he might have offered if she had communicated her feelings sooner. Then again, maybe she will have to ask until habits are changed.

Assumptions or assuming what the other person is thinking and feeling, or reading other messages into what is being said, is a practice that goes on constantly. In a relationship with a problem drinker, assuming seems to be the basis for many conversations or even looks. If you smile, the other person may think, "Oh, she's got something on me." or, "He thinks I'm a joke." The look could mean pleased or happy. Even compliments come under suspicion, "What does he want from me?" The world of assumptions is packed with more suspicion than a good mystery novel. A gift can be interpreted as meaning "Oh, oh, something is wrong." This interpretation could well fit but many couples carry this practice over into sobriety, a bad habit.

Assuming is not limited to conversations or looks, as many of us indulge in this pastime everytime we meet people. We are full of messages from growing up and make assumptions about people from the way they appear to us: a group of young people together wearing

blue-jeans and sandals with long hair may indicate drug-users to some persons; a Ph.D. or other degrees behind a person's name, or a title, may be intimidating to many people; a black-person may bring to mind a whole list of myths to a white person and vice-versa; glasses and a serious face may say "studious and intelligent" to some; the well-dressed, chic woman may mean upper-class snob to the less confident person. The list could go on and you might add others.

The "love is all" approach is an all-time favorite of mine. When we got married I was the product of countless romantic novels and believed fiercely: If he loves me, he will know what I want him to do. This approach really flourished in the bedroom resulting in many hassles and arguments. Another way of using love is in stating, if you love me, you would do this, or not do this, or be this, or not be that, and on and on. Love is used as a weapon and leaves both parties losers.

Listening The art of listening is often neglected yet extremely important to produce understanding in a relationship. Good listening communicates to the party speaking that what he/she is saying is worth my time and, therefore, the speaker is important to me. Eye contact and physical distance can also imply acceptance or rejection to the speaker.

Listening could be divided into two phases. First, the physical response of the listener implies interest. Then, through feedback the listener gives his understanding of the message to the speaker - keeping the understanding to one's self will not be valuable to the speaker,

he/she must know you understand or need further clarification.

Feedback decreases the chances for misunderstanding and validates the message. Feedback also confirms the acceptance of the other party's existence. Negative feedback may be difficult to give and receive, but ignored is even worse.

The following exercises will allow you to experience and practice the components and essentials of effective communication. These exercises can be done in dyads (pairs) within the group, with the counselor and client, or within a family group (parent-child, child-child).

1. Choose a partner, preferably someone in the group you do not know very well. Decide who will be A and B. For the next two minutes A will tell B about a pleasant experience that happened to him/her last week. At the end of the time, B will relate to A what was said. A will then give feedback to B on the accuracy of information and clarify any misunderstandings. Then do the exercise again with B speaking about the pleasant experience.

2. With the same partner move a couple feet apart and A turn his/her back to B. B will now speak on a topic that the group leader will list on newsprint.

At the end of the time report to each other and to the group, how you reacted to communicating in this manner. Thoughts you had. Any feelings listening to someone you can't see? How does it feel to speak to the back of a head?

3. Choose a new partner and both of you move as far apart as the room will allow. Exchange views, opinions, thoughts, or feelings on one of the topics posted on the newsprint. Continue the discussion for approximately three minutes or until the facilitator indicates the end of time.

Explain to each other and the group your reactions to this kind of communication. What occurred between the two that encouraged you to persist or quit communicating?

Even though this last exercise appears ridiculous and you may think you would never communicate in this manner, similar conditions exist in family communications. People talk to each other rooms apart or with the radio or TV blaring at a loud volume. Wives talk to husbands reading the newspaper. Husbands talk to wives while they are attending to the children and preparing dinner. Two, three, or four people may talk at the same time until the loudest wins the floor. The situation seems funny and laughable when we are removed from the situation, can stand back and look at some of our habits.

When we intend to have serious communication with each other, we should attempt to insure as few barriers as possible. For a husband and wife with small children, this may mean locking a door to have privacy for a period of time. A suggestion would be to set an alarm clock; instruct the children that you will give them your attention when the clock rings in half an hour.

Again, communicating with the problem drinker when he/she is intoxicated is creating countless problems. The morning after would be more appropriate or when you know the person is in a relatively receptive mood. I am aware that waiting for "ideal" conditions may not be possible, but we can prepare for important moments of talk as we do for other important events.

Guidelines for Feedback

Feedback is a way of telling another person how he/she is affecting you. This information allows the other person to learn more about who he/she is and assists that person in being able to consider changes. Feedback helps another person to be aware of how well his/her behavior matches inner feelings or intentions. In order for feedback to be constructive and useful, the giver should be aware of the following guidelines:

1. Specific. Feedback should be specific to be useful. Vague remarks do not assist the receiver in clearly understanding his/her effect on people. Telling a person that he/she should do something about him/herself is rather overwhelming and gives the person no starting point. Such a statement could be interpreted as meaning the person has no worthwhile aspects to his person. A more useful statement might be: "I enjoy talking with you but don't like the way you interrupt me before I am finished speaking." This response is specific and points to one behavior that could be changed.
2. Be fair. Offer feedback in those areas the person can do something about. Telling a person they turn you off because they are too short or too tall, or you don't like the color of their hair or eyes, has little bearing on the person's ability to change self. Another area

impossible to change is a person's past. Feedback that refers to the person's over and over again is unproductive for growth and change in terms of the here and now.

3. Timing. The timing of feedback is important. Feedback should be offered at the earliest opportunity, except in instances when the person would be placed at a disadvantage to clearly understand. Some situations may be too public and certain feedback may cause the receiver embarrassment. A person who is crying hysterically or intoxicated is in no position to listen or understand feedback; giving feedback when the person is not ready to listen is like shouting into the wind---of little value. Use caution in offering feedback that requires immediate action to the person who can not take action, e.g., discussing an issue that has been bothering you for some time on a long distance phone call may be unfair as the listener could feel helpless to correct the problem. If the person will be gone for a long period of time or lives in another town, a letter could be more effective allowing for a lengthier explanation. A letter gives the reader more time to process the information. The important aspect of timing is giving the person support to work through what is offered and the time to clarify and understand what is said.

4. Non-judgemental. An effective method of feedback is focusing

on your own reactions to another's words or actions rather than issuing judgements or evaluations. This approach decreases the defensive reactions to feedback and allows the person to take it or leave it. Telling someone: "That's a stupid thing to do (or say)!" steps on the person. A more comfortable response to hear would be: "I wish you would have told me you were bringing company home for dinner. I really feel upset when I have to fix something special on the spur of the moment," or "I feel uncomfortable when you tease me in front of people I don't know." Describing your reactions rather than evaluating the other's behavior allows the person to learn and understand and decreases the defensiveness.

5. Quality vs. Quantity. The receiver has a chance to work through the message if offered a small amount at a time. Too much too fast can result in confusion in the receiver not knowing where to start. My tendency to overload most frequently occurs with the children: "I think you should wash your face, quit cracking that gum, hurry up dinner's getting cold, and why didn't you do your chores when you came home? What's wrong are you sick?" More than likely I will be tuned out if he/she doesn't blow a fuse from the overload.

6. Tentative. Give the person room to move. If the person feels backed against the wall, he/she feels immediate guilt. Feedback that says, "You're guilty!" could make the receiver feel he/she has no choice but to lie in response or dig in for a long battle. The question "why" is a word that connotes guilt for many people and almost demands a defensive response. However, being tentative does not mean being wishy-washy, but merely allows for clarification. Again, focus on <u>your</u> reactions and be tentative when checking out assumptions you are making.

Feedback can be a valuable tool in building a relationship that allows for the growth of individuals. Constructive feedback respects the person and focuses on the behavior. Leveling is the sharing of yourself with others while feedback focuses on changing your and others' behaviors.

Rules, Programming, Scripting, Etc.

We all live by rules. Rules have a great influence on our lives as individuals, as members of a community, a staff, as parents, as children, as people. Some of our attitudes towards others, about events and situations, about how we should or should not be, may be wrapped up in the rules we learned. These rules came to us in many shapes and forms throughout our lives. You might call the rules the messages you were given growing up. Transactional Analysis calls these messages, scripting. Programming is another way of referring to our rules and conjures images of computers rather than people.

Rules, for our purposes in this exercise, will refer to the "shoulds" and "should nots" covering what we should or should not be, what we should or should not do.

Where do our rules and messages come from? Families, parents, relatives, church, cultural groups, peers, governments, all are rulemakers. Now don't get the idea that rules are negative because some are positive and necessary for order in living. In discussing these rules, we want to recognize who made the rule. The purpose of the rule is sometimes unknown although adhered to for generations.

I am reminded of a very old and tired story about a young husband asking his wife why she trimmed the ends off the ham before she baked it. She said that is the way her mother did it. They were visiting her mother and inquired why she trimmed the ends and she deferred to her mother. Finally they inquired of grandmother the reason she trimmed the ends off the ham before baking. Very logically

grandma explained, "So it will fit in the pan."

Finding the origins and purposes of rules in our families is interesting detective work. Sometimes it is virtually impossible to find the answers.

Rules exist in families, schools, work, and community. Some are spoken and known to everyone; they're readily identified and agreed upon. In families these spoken rules may concern bedtime, manners, dress, who sits where when company comes; yet at times even these obvious rules if not explored and discussed can cause misunderstandings arising from the differing perspectives of family members. What one person perceives as a rule may be a false assumption derived from observing actions and assuming their meaning.

Unspoken rules also exist in families. While the spoken rules usually concern safe areas, comfortable for conversation, the unspoken messages often focus on the uncomfortable topics or embarrassing aspects of life for the family. These rules become known to individual members by a process similar to osmosis, by picking up or absorbing other family members' feelings and watching others' behaviors. A drinking problem in the family requires many rules if the family is involved in covering up the problem. Such messages:

> Don't talk to grandma about your father's drinking.
> The children can talk at the table when dad isn't home.
> Don't let mother talk on the phone when she is drinking.
> Don't speak to mother when she is drinking.

In listing some of your rules, you may consider if the rule can be changed, ignored or discarded, and the consequences of these actions. When listing the five rules, see if you know who made the rule (origin) and its purpose. The consequences refers to changing

breaking, or discarding a rule (what would happen?). Indicate whether the rule is spoken or unspoken. These rules may exist in your present family or your family of origin. Check if the rule is alive or dead. It may not be working in your present family but be alive in your parents' home. Remember that some rules are necessary and positive. Do any of your rules reflect the cover-up of the drinking problem?

Please complete the following page on Rules and Messages.

RULES, MESSAGES

1. Rule: _____

   Origin: _____

   Purpose: _____

   Consequences: _____

   Spoken or Unspoken Alive or Dead

2. Rule: _____

   Origin: _____

   Purpose: _____

   Consequences: _____

   Spoken or Unspoken Alive or Dead

3. Rule: _____

   Origin: _____

   Purpose: _____

   Consequences: _____

   Spoken or Unspoken Alive or Dead

4. Rule: _____

   Origin: _____

   Purpose: _____

   Consequences: _____

   Spoken or Unspoken Alive or Dead

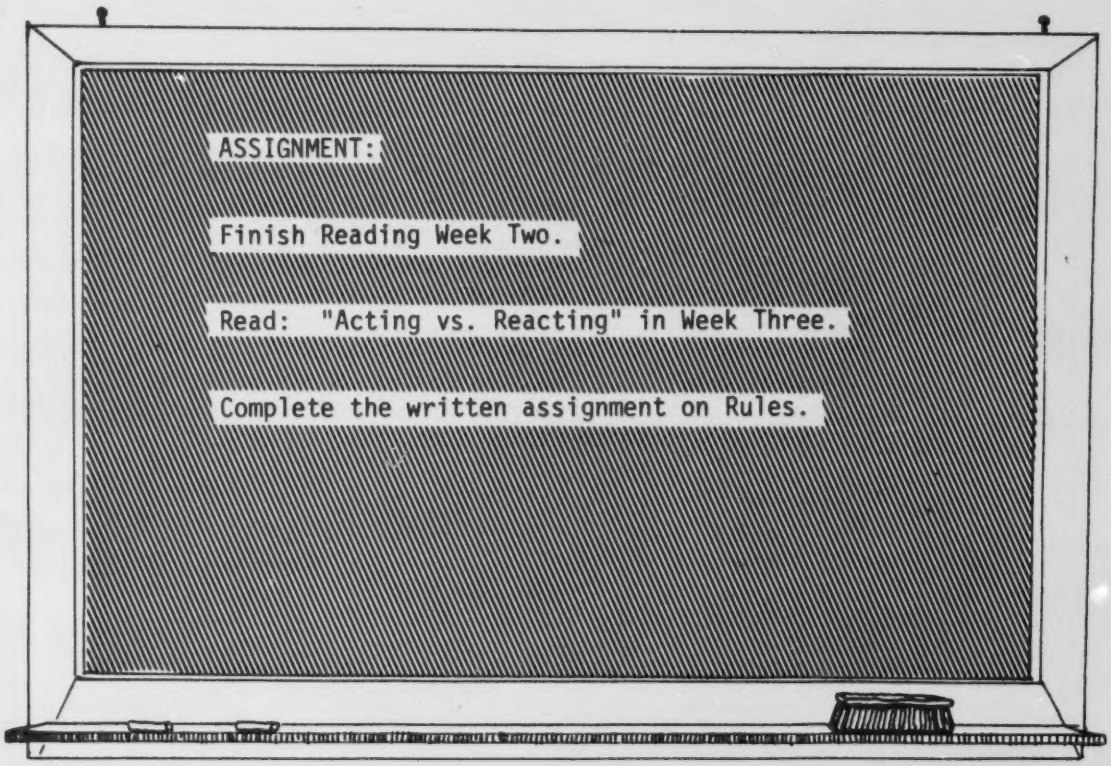
5. Rule: _____

   Origin: _____

   Purpose: _____

   Consequences: _____

   Spoken or Unspoken Alive or Dead


ASSIGNMENT:
Finish Reading Week Two.
Read: "Acting vs. Reacting" in Week Three.
Complete the written assignment on Rules.

WHAT AN ACT!
MY REACTIONS ARE JUST FINE!

GOAL TENDING

Be sure to report on the goal you have chosen to complete. Ask for feedback from others in the group on your goal. In what ways will this goal help you to begin taking action in your own life? Does the goal concern the drinking problem? Is your choice yours or the result of pressure from others: spouse, children, friends?

- NOTES -

WEEK THREE

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Patterns of Communication By Virginia Satir	133
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WEEK THREE

Before we move into new areas of discussion, are there any questions or comments on past reading or the exercises?

- - - -

Let's review the assignment, particularly the rules we listed and indicate those particular ones relating to our ability to express our feelings and thoughts. Just a reminder that when we are sharing our experiences and comments, try to keep your communications in the first person, such as I think, I feel, I believe, it seems to me, rather than saying, one could say, a person might, everyone says, etc.

REVIEW ASSIGNMENT

The assignments, readings and articles pursue the "I" and "me" of our lives. What do I like and how do I place importance on me. I have ideas, thoughts, feelings, plans, dreams, and needs. Does what I say and do reflect me or another person?

For years I believed to converse too much with "I" pronouns meant selfishness and egocentricity. In my mind to speak from the "I" meant being opinionated and stubborn. Recently I was reading a short story and a sentence popped out on this very topic. My memory has lost the exact words but it said that to be responsible to others is defined as dependable, and to be responsible to self is being selfish. If this happens to be a famous quote, please let me know.

Certain situations will demand facts, assessments, and assimilation of a number of opinions and considerations. If I am listening

to another person and responding, I want to stay in tune with "him" or "her" or "them," but my personal feelings and attitudes are vital to continuing a personal relationship. Staying in tune with self does not mean having to disclose the exact status of your person to everyone, always. The butcher may not be the least bit interested in your detailed feelings. In no way does owning and recognizing feelings and thoughts mean I do not appreciate nor consider other persons. In fact, it means I care enough to want them to know me.

Ownership of feelings and thoughts says I am taking responsibility for me. I think that ____, and I feel ____, is telling people who I am. A risk is taken but the dividends can be worth the investment.

The problem drinker who continues to drink relies considerably on a relationship that will allow him/her to set the attitude, feelings, thoughts, and actions of a situation. Survival and denial of the problem demand he/she control the focus and moods of situations. The problem drinker can not consistently live in reality because his/her reality is a drinking problem. Reality means admission of those parts of self a person may not like and consequently may mean rejection. If you really knew me, you would not like me or want me, or so the person thinks.

The person who must be in charge of what is discussed, how and when, is frightened - hard to imagine sometimes. This person must set the stage, assign the roles and arrange the movements, lest you break through the shell into the inner self.

This week our focus will be on the way we interact with other persons including family members in and to difficult or tense

situations. How one person responds and acts can affect the other family members or persons involved in the communication. This response and its resulting effects set off a chain reaction.

In examining and discussing action and reaction keep in mind that when I allow myself to take on another person's emotions, attitudes, or feelings, I become distracted from my own goals, plans, feelings, and actions. I allow another person to control me. I do not have to take on another person's trip (real or imagined). I need not be at the mercy of every wind and wave that would rock the boat.

Acting Vs. Reacting by John Powell, S. J.

The following is an excerpt from "Why Am I Afraid To Tell You Who I Am?" by John Powell, Niles, Illinois, 1969.

The fully human person is an Actor, not a Reactor. The syndicated columnist, Sydney Harris, tells the story of accompanying his friend to a newsstand. The friend greeted the newsman very courteously, but in return received rough and discourteous service. Accepting the newspaper which was shoved rudely in his direction, the friend of Harris politely smiled and wished the newsman a nice weekend. As the two friends walked down the street the columnist asked:

"Does he always treat you so rudely?"

"Yes, unfortunately he does."

"And are you always so polite and friendly to him?"

"Yes, I am."

"Why are you so nice to him when he is so unfriendly to you?"

"Because I don't want him to decide how I'm going to act."

The suggestion is that the "fully human" person is "his own person," that he does not bend to every wind which blows, that he is not at the mercy of all the pettiness, the meanness, the impatience and anger of others. Atmospheres do not transform him as much as he transforms them

Most of us, unfortunately, feel like a floating boat at the mercy of the winds and waves. We have no ballast when the winds rage and the waves churn. We say things like: "He made me so mad." "You really

get to me." "Her remark embarrassed me terribly." "This weather really depresses me." "This job really bores me." "The very sight of him saddens me."

Note that all these things are doing something to me and to my emotions. I have nothing to say about my anger, depression, sadness, etc. And, like all men we are content to blame others, circumstances, and bad luck. The fully human person, as Shakespeare puts it in Julius Caesar, knows that: "The fault, dear Brutus, is not with our stars, but with ourselves. . ." We can rise above the dust of daily battle that chokes and blinds so many of us; and this is precisely what is asked of us in the process of growth as a person.

There is nothing implied here that suggests repression of emotions or which denies the fullness of life in our senses and emotions. The suggestion is rather of balance and integration of emotions. In the fully alive human person, there can be no such thing as either deadening or unconditionally surrendering to the senses or emotions.

Response Introduction

Virginia Satir, the family therapist, and author, has developed through her work and study five responses or patterns of communication commonly found when people are reacting to difficult or tense situations.

When I first read and practiced these roles I realized they fit many of the people I have encountered in my life and in families with a drinking problem. Much to my surprise, at least at first, I discovered myself. That old saying, "Your're a natural," applied when it came to a couple of the responses.

While discussing and practicing these patterns and roles discuss how any parts of these responses are active in your family. A family with a drinking problem is guaranteed to have at least one pattern out of these four. Another interesting idea, if your family is receptive, is to ask your family to participate at home. You can introduce role playing as an alternative to Monday or Wednesday Night at the movies.

We want to acknowledge our gratitude to Ms. Satir for her permission to utilize her work. Beyond that, her book, Peoplemaking, has benefited our staff and clients, increasing our understanding of how families are and could be. And in the style more of George M. Cohan, our daughters and son thank you.

The following pages and illustrations are taken from Peoplemaking, I recommend the book be read in its entirety.

Patterns of Communication

Let's take a closer look at these universal patterns of response people use to get around the threat of rejection. In all cases the individual is feeling and reacting to the threat, but because he doesn't want to reveal "weakness" he attempts to conceal it in the following ways:

1. Placate so the other person doesn't get mad;

2. Blame so the other person will regard you as strong (if he goes away it will be his fault, not yours).

3. Compute with the resultant message that you are attempting to deal with the threat as thought it were harmless, and you are trying to establish your self-worth by using big words.

4. Distract so you ignore the threat, behaving as though it were not there (maybe if you do this long enough, it really will go away).

Our bodies have come to accommodate our feeling of self-worth whether we realize it or not. If our self-worth is in question, our bodies show it.

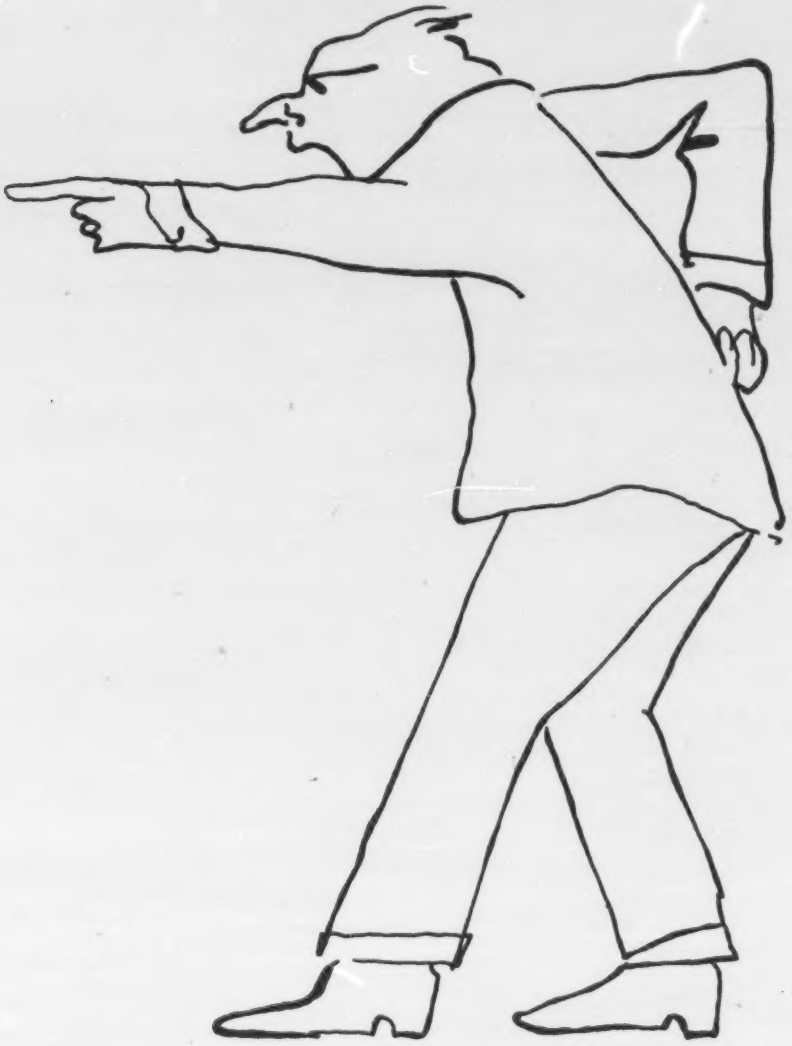
With this in mind I have devised certain physical stances to elp people get in touch with parts of themselves that are obvious to other people but not to themselves. All I did was exaggerate and expand the facial and voice messages into the whole body and make it so exaggerated that nobody could miss it.

Satir, Virginia PEOPLEMAKING, Palo Alto, California, Science and Behavior Books. 1972.

PLACATER

(1)	Words	agree	("Whatever you want is okay. I am just here to make you happy.")
	Body	placates	("I am helpless.")
	Insides		("I feel like a nothing; without him I am dead. I am worthless.")

The placater always talks in an ingratiating way, trying to please, apologizing, never disagreeing, no matter what. He's a "yes man." He talks as though he could do nothing for himself; he must always get someone to approve of him. You will find later that if you play this role for even five minutes, you will begin to feel nauseous and want to vomit.



BLAMER

(2)	Words	disagree	("You never do anything right. What is the matter with you?")
	Body	blames	("I am the boss around here.")
	Insides		("I am lonely and unsuccessful.")

The blamer, is a fault-finder, a dictator, a boss. He acts superior, and he seems to be saying, "If it weren't for you, everything would be all right." The internal feeling is one of tightness in the muscles and in the organs. Meanwhile the blood pressure is increasing. The voice is hard, tight and often shrill and loud.

COMPUTER

(3)	Words	ultra-reasonable	("If one were to observe carefully, one might notice the workworn hands of someone present here.")
	Body	computes	("I'm calm, cool, and collected.")
	Insides		("I feel vulnerable.)

The computer is very correct, very reasonable with no semblance of any feeling showing. He is calm, cool, and collected. He could be compared to an actual computer or a dictionary. The body feels dry, often cool, and disassociated. The voice is a dry monotone and the words are likely to be abstract.

DISTRACTER

(4) Words irrelevant (the words make no sense)

Body angular and off somewhere else

Insides ("Nobody cares. There is no place for me.")

Whatever the distracter does or says is irrelevant to what anyone else is saying or doing. He never makes a response to the point. His internal feeling is one of dizziness. The voice can be singsong, often out of tune with the words, and can go up and down without reason because it is focused nowhere.

It is my hunch that these ways of communicating are learned early in childhood. As the child tries to make his way through the complicated and often threatening world in which he finds himself, he uses one or another of these means of communicating. After enough use he can no longer distinguish his response from his feeling of worth or his personality.

Use of any of these four responses forges another ring in an individual's feeling of low self-worth or low pot. Attitudes prevalent in our society also reinforce these ways of communicating---many of which are learned at our mother's knee.

"Don't impose; it's selfish to ask for things for yourself," helps to reinforce placating.

"Don't let anyone put you down; don't be a coward," helps to reinforce blaming.

"Don't be so serious. Live it up!" Who cares?" helps to reinforce distracting.

At this point you may well be wondering if there is any hope for us at all if these four crippling modes of communication are all we have. Of course they are not.

There is a fifth response that I have called leveling or flowing. In this response all parts of the message are going in the same direction---the voice says words that match the facial expression, the body position, and the voice tone. Relationships are easy, free and honest, and there are few threats to self-esteem. With this response there is no need to blame, retreat into a computer, or to be in perpetual motion.

Of the five responses only the leveling one has any chance to heal ruptures, break impasses, or build bridges between people. And lest leveling seem too unrealistic to you, let me assure you that you can still placate if you choose, blame if you like, be on a head trip, or be distracting. The difference is you know what you are doing and are prepared to take the consequences for it.

Leveling is:

Sharing ideas and information rather than advice-giving or problem solving;

Sharing your feelings and reactions about another person's observed behavior;

Concerning yourself more with what is being said and the feelings involved than with the "why's;"

Taking responsibility for your own feelings, thoughts, attitudes and their expression;

Constructive rather than destructive information;

Checking with the other person for the accuracy of what you think he/she is feeling rather than making assumptions;

Recognizing and respecting yourself and others as persons capable of growth and change.

My Roles

As I mentioned in the introduction, I fit easily into several of the responses depending on the situation and the people involved. When Don was drinking, intoxicated, in the remorseful days after a disastrous incident, and on occasion when I was upset with the children, in these situations I become a Blamer. I have a terrible habit of putting one hand on my hip and pointing my finger even when I am not blaming. Extinguishing these bad habits in my posture has taken conscious work.

When things were running smoothly and Don was "behaving himself" I became the Placater, walking on egg shells, willing and agreeable. The role of Ms. Agreeable also suited me out of the protection of home and family because most people frightened me unless I had clearly determined that in some way I was better or equal to them.

The Distracter is a role I save for those situations such as cocktail party type occasions or for moments that are tension releasing with friends being silly and ridiculous. There was a time when this role hid me from facing serious areas needing discussion between Don and me. Problems in the area of sexuality and in our physical expressions of love were considered off-limits for conversation by me. These areas were so confused, distorted and unknown for me that I experienced fear, upset, embarrassment and threat when Don attempted to initiate our talking. He was very patient and understanding but firm and at last demanding.

Sexuality

Sexuality and the problem drinker is rarely touched by many counselors and couples. It is unreasonable for us to think that this area of our lives would have been unscathed by the drinking and resulting defenses.

When I am feeling rejected, inadequate, incompetent, threatened, blamed, resentful, and guilty as a person then my psychological and physical response in sexual intercourse will reflect my disturbances. Touching, carressing, embracing a person who has just put you down verbally or whose non-verbal communication intimidates you is not a snap. A husband or wife who feels forced into responding sexually adds yards to the growing mountain of hurt and resentment.

Our feelings and beliefs about our "selves" is based upon the people around us whom we use as mirrors. Don and I had doubts about each other's love and our responses to each other during those years of upset reinforced our feelings of worthlessness. We were unable to reflect clear images to one another and our distortions created unrealistic images of self.

The emotional climate in a relationship with a problem drinker is not conducive to growth producing experiences. The sexual experience is not exempt from the effects of this unpredictable atmosphere. The problem drinker can suffer memory lapses and not remember an offensive behavior or emotionally trying sexual encounter. The partner's memory is all too clear and forgetting is not easily achieved. The

problem drinker can deny the occurence or blame the other person believing he/she is simply being rejected. The alcohol can affect the sexual performance of the male creating fears of impotence and inadequacy. The man fears failure in intercourse and, therefore, one way out would be to initiate unpleasantness or arguments before bedtime dumping responsibility for the undesirable atmosphere on the partner.

Each person in the sexual relationship begins to doubt their ability to achieve sexual satisfaction as a male or female. They worry within the separateness and isolation of their minds whether they are abnormal, under or oversexed, frigid, impotent, desirable, lovable, attractive. He doubts his "masculinity"; she questions her "femininity". Vulnerability to extramarital affairs is increased as a means of fulfilling needs and checking-out if their fears are valid.

In relationships with the problem drinker, communication is suffering so it would take the wounds in this area the longest to heal. Doubly frustrating if in addition, the persons are unable to dialogue about sex.

Sex can be used as a weapon for retribution by either spouse. The bedroom becomes the field of battle with a close watch on the score, or the place to even the score. Most couples after sobriety, can benefit from counseling which will initiate or facilitate talk regarding their sexual needs and attitudes. This area of our person will require tenderness and understanding.

Family Circle

Materials required: Large sheet of newsprint for each person
Marking pens

Process:

1) Draw a circle on paper leaving a margin around the edge.

2) Draw your family members in your circle with their names.

3) Place people in the circle whereever you think they stood from your view of the family (position in terms of roles, relationships and/or control); e.g. those persons closest to each other; center of attention; on top; protected; surrounded.

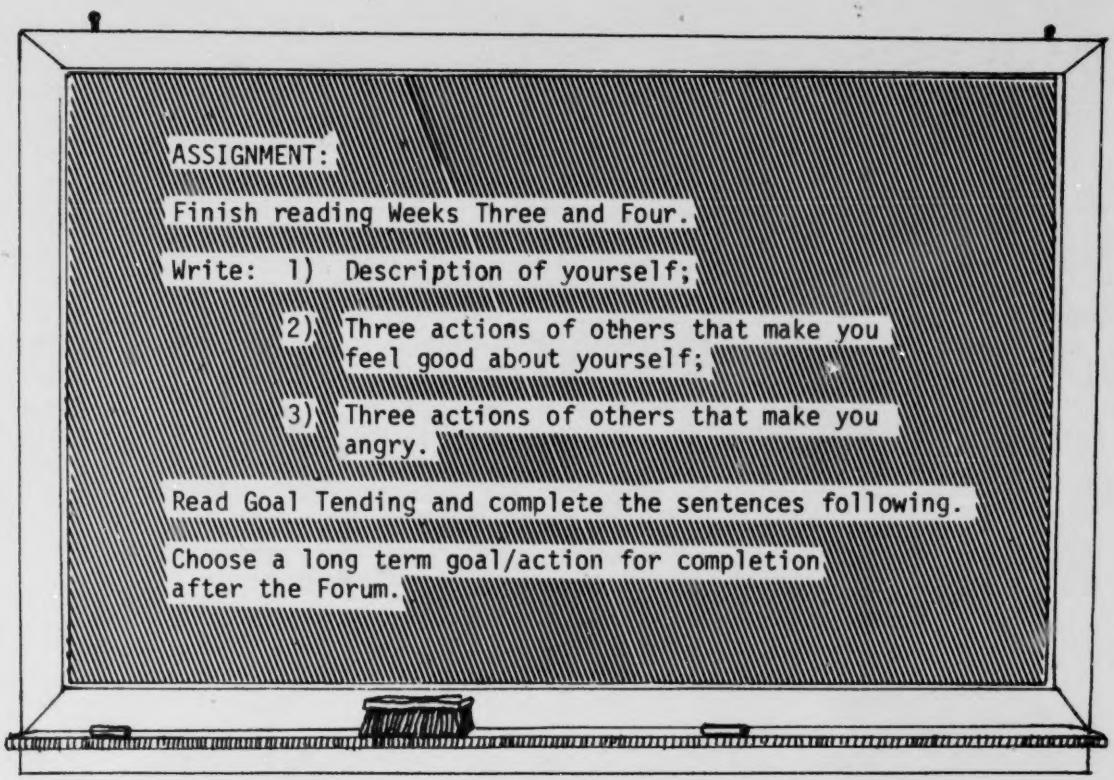
4) Write next to the persons any words or names given them by you or other family members that describe their postions or roles, e.g. baby, oldest, etc. Let the name come easily. Don't force or hunt for a label, perhaps there was none for the person.

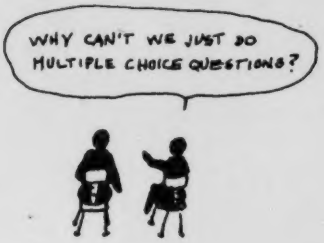
5) After the family is placed in position within the circle place around the outside at whatever position seems appropriate those persons, institutions, places, things that had significant influence on your family's life.

6) Place a plus sign by the family members with whom you experienced a positive relationship; a question mark by the members whom you never understood; and place a minus sign by those persons with whom you experienced a negative relationship. Relationships change and you may have two signs next to one person illustrating the change over the years.

7) Now fill in the sheet with the words, feelings, thoughts, and phrases that come to your awareness when you think of growing up with your family---the things that came to mind about your family while doing the activity.

8) Each person in the circle presents his/her family circle to the other group members. Place a time limit of ten to fifteen minutes for each person (according to size of group). At the end of each person's presentation, he or she is asked to consider what if anything the person would change; any of the positions, names, and/or influences. Would the person like to add anything to the circle? Allow a couple minutes for the group members to respond and react to the person presenting. After all members have presented their circles spend some time reacting to the activity as a group.


ASSIGNMENT:
Finish reading Weeks Three and Four.
Write: 1) Description of yourself;
2) Three actions of others that make you feel good about yourself;
3) Three actions of others that make you angry.
Read Goal Tending and complete the sentences following.
Choose a long term goal/action for completion after the Forum.


WHY CAN'T WE JUST DO MULTIPLE CHOICE QUESTIONS?

ASSIGNMENT:

Write a description of yourself. You may or may not use the terms in our discussions and there is no right or wrong answer. Do you think there is any difference between the way you view yourself and how others perceive you?

ASSIGNMENT:

Write three actions or behaviors of others that make you feel happy, good about yourself, or create pleasant feelings within you:

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

Write three actions or behaviors of others that make you feel angry, or create feelings of inadequacy within you:

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

- NOTES -

GOAL TENDING

Are you making progress on your short-term goal? Has working or completing the action been a pleasant experience? Have you made any changes in your short-term goal? If you are not pleased with your progress, consider again the criteria involved in choosing a goal and evaluate your choice. If you are comfortable with your progress could you apply the criteria to a more long-term goal or other actions you would like to take?

Next week we are going to set another goal for ourselves. This goal should involve some action that will create a realistic atmosphere for you or the problem drinker. Again, your goal should be based on the criteria used for a short-term goal. Hopefully this new choice will be one that will bring you into greater harmony as a person, your inner feelings matching your words and visible actions. Also, the choice may be one that will assist you in giving responsibility to the problem drinker for his/her own life.

You may want to reread the sections on Setting Objectives and Assessment, Decisions, and Roadmaps, because this goal will reflect your direction. Completing the sentences on the following page will assist you in clarifying or reaffirming those plans you have formed.

COMPLETE THE FOLLOWING:

1. I feel good about myself when _____

_____

2. In five years, I hope _____

_____

3. The thing I fear the most _____

_____

4. My family _____

_____

5. If I could spend some time any way I wanted, I _____

_____

_____

6. I would like people to remember me as _____

_____

_____

7. My definition of success is _____

_____

_____

8. In these past two weeks, I have _____

_____

_____

- NOTES -

- NOTES -

WEEK FOUR

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WEEK FOUR

Our concluding week we will endeavor to bring together our ideas, thoughts, discussion and experiences from our past sessions.

The first session we concentrated on alcoholism/problem drinking, in particular the progressiveness of the disease if the alcoholic continues to drink. If you believe alcoholism is progressive then you know to continue in patterns and actions that have proved to be ineffective or to do nothing will not be helpful. You have examined your responses and those of other family members and may have discovered ways the drinking behavior is being reinforced. I hope, too, that the assignments have told you that you are a valuable person with unique talents and abilities. Most important, I hope you are attempting to level with yourself and discovering those areas needing improvement and attempting to level with the alcoholic and other significant people in your life.

Miracle recoveries are rare, yet always welcome. A program of action followed as consistently as possible by family members can produce positive changes in the family. Our program is designed to break the cyclic behavior working in the family with a drinking problem. Our purpose is to intervene in the life of the alcoholic and help motivate him or her to seek help. Our hope is to increase self-awareness and understanding of alcoholism helping persons to function better as individuals and as a family unit.

Life with the problem drinker is a series of recurring crises to be buried and buried again, smoothing the surface, until soon

people are so full of buried problems they can no longer breathe freely or grow---creating a perfect environment for blame given or taken, depression and feelings of worthlessness. As John Powell says in Why Am I Afraid To Tell You Who I Am?

> "When you repress or suppress those things which you don't want to live with, you don't really solve the problem because you don't bury the problem dead---you bury it alive. It remains alive and active inside of you."

Leveling, communicating about the reality of a situation, is painful at first, but with practice increases self-worth and creates an atmosphere producing growth. You also give to the other person or persons involved in the relationship the freedom to be, to become fully responsible human beings.

REVIEW ASSIGNMENTS

Closure

The time of bringing closure to a group or a personal experience presents some concerns to me. My own feelings of insecurity may be entangled in the background, wondering if I have done all that is possible, said what people wanted, covered enough subject areas, cared enough, gave enough, demanded participation, and on and on. As Don has told me many times, "You are your own worst enemy. If you have tried, then you have given your best. You should take your own advice." How right he is and in answer to his accurate observation, I believe the majority of us are our own worst critics.

The attempt to tie together in one bundle all the happenings of the previous sessions looms as an impossible feat. No way can I imagine summing all the words, thoughts, feelings and ideas expressed into this one session. However, I feel the need for my own comfortability in reviewing the significant points covered in each week.

Week One:

1. Alcoholism is a progressive illness.
2. Problem drinking is not a condition isolated to the drinker but affects all other family members.
3. Hiding the problem or denying its existence offers little hope for change.
4. Recognizing the existence of the problem and leveling with the problem drinker presents the reality of your situation and breaks the cycle of denial.
5. Seeking assistance for a drinking problem is the action of a caring and responsible person and is not demoralizing or weakening the person or your family.

6. Blame is not productive and keeps us stopped in our tracks.
7. Much of our behavior is learned and, therefore, can be changed.

Week Two:

1. Self-knowledge draws the most realistic blue print for future plans and goals.
2. You can do something about your feelings, actions, reactions, and attitudes.
3. Communication that tells who you are is most productive for growth.
4. Disclosure of self involves taking risks and at first can be uncomfortable.
5. Feedback recognizes a person's existence and tells him/her they are understood or seeks further clarification.
6. Continual practice is necessary to developing communication skills as in any other art: speaking, listening, presenting feedback.

Week Three:

1. Leveling is the response that brings the inner me, my feelings and thoughts, into harmony with my exterior actions and words.
2. Not leveling may be fear of rejection, hurt, or loss of pride rather than fear of hurting the other person.
3. Not leveling will bring more pain in the long run.

4. The emotional climate in a relationship with a problem drinker can effect a person's sexuality, their feelings about feminity and masculinity, create long-lasting doubts and fears, and influence sexual experiences after sobriety.
5. I can take actions to continue developing my person without being selfish but to improve my relationships with those persons most important to me.

We hope this last session need not be the ending of an experience but the place to consider how to carry on this process of self-growth. Feelings you are having may be ambivalent: relief because you have made sacrifices to come each time, hassling with an irate spouse who protests your involvement, chasing down babysitters, or dragging your tired body out into the world after a long day; sad because you have become part of a positive group of people or felt valuable to another person or persons; worried because you are not sure what's next; excited because in the last few weeks you have noticed a visible difference in yourself.

Hopefully you will make a decision to arrange or continue individual counseling as a continuing support. Resources also may be available in your community to provide other group experiences for self-awareness and growth. You may have discovered one particular area where you would like to concentrate your efforts and exploring your plans with a counselor will insure their survival.

Participants who began with an idea that they would be given very specific answers or magic sentences to questions of "What do I do when. . .?" or "How do I handle. . .?" may be upset they have not been given the answers. I would hope that you have not been given any formula phrases of definite sentences to memorize and repeat. Examples are given in this manual, but they are examples for illustration purposes. No magic formula exists.

Remember in reviewing responses that the fifth response, leveling, is not given a picture. This response is you and your thoughts and feelings are in a state of change. So, a sentence that may be timely in one instance, for certain persons in certain conditions, may be inappropriate for another person in another similar situation. What to say the next time your spouse comes home drunk can not be prescribed. What to say to parents or neighbors will depend on you and the parents and neighbors. The important aspects of your actions and words will be the communication of the reality of the situation and your concern.

Sympathy for the problem drinker may appear charitable but if I feel sympathy for another person I may be placing myself above that person. The meanings and behaviors we interpret as loving, influences our approaches and the comments of others will affect us. You have taken a giant step forward, in believing and accepting that it is possible and okay to love a person and reject the irresponsible behavior.

We view the problem drinker as a person with an illness. In other illnesses, such as heart disease or diabetes, the person must

follow certain routines of self-care and assumes responsibility. In the case of alcoholism, this routine may be joining a group of Alcoholics Anonymous, receiving counseling, and clearly it means abstaining from alcohol.

A normal healthy life is decidedly possible without using alcohol but in the initial stages seemingly difficult. The problem drinker will have doubts and questions as to such a condition making life livable or enjoyable:

What will I do with my spare time?

How will I ever relax?

Can you go to a party and not drink?

How can I have a lunch with a client and make a sale, if I refuse to drink?

What do I say, what do I do, and even more worrisome, what will others think?

You may have some of the same questions and concerns. Evaluation of your feelings regarding the social implications of these questions is necessary. If you are frightened or concerned with the answers, spend some time talking and examining those feelings involved. Are your feelings valid and rational? Many people function smoothly and happily and maintain their right to not drink alcohol. Have you considered how many people are aware of your problems at present? Unbeknownst to you many of them may be very relieved that the problem drinker has quit drinking. Friends who are indeed caring friends usually are willing to learn and understand and will notice the positive effects the absence of alcohol has on you, your relationship and family.

People will exist whose focus has not been on you but more on the social event. Some persons may feel threatened initially, worrying if you are investigating their drinking habits. Those first social excursions without alcohol are unsettling, but preparation will ease some uncomfortability.

I remember our preparing for the first party after Don quit drinking. We refused several and we were in the peak of the Christmas season. I urged and practically demanded through various means that we attend. I knew we could not hide from the world and Don was an enjoyable person sober. I bombarded him with positive statements about his personality and his super sense of humor. Don was nervous, how would he be received as a sober party-goer? How would he handle the reactions, if negative, without the support of a drink? What in the world would he do with his hands? Would they have any soft drinks? What do you talk about?

We agreed to stay close to one another until he felt comfortable and I was willing to leave whenever he felt ready to return home. The evening was a success and Don discovered that he had a personality without alcohol. In fact, he could think quicker and faster and his speech was clearer. However, we no longer prefer to stay interminable hours with a group that is intoxicated as the action and conversation can become boring and repetitive.

A contributing factor to a successful debut without alcohol is speaking about the fears and feelings beforehand. I think knowing there is understanding from the partner and agreeing on some alternative actions and conditions is part of allaying fears. Those initial

ventures have reinforcement value but care should be taken to screen invitations. I see little sense in attending a function you know beforehand is nothing but heavy and fast drinking. You would not subject a person who has recently been diagnosed as a diabetic and learning diet maintenance to a cake and candy social. A wine-tasting party, cocktail party, or beer blast at the old fraternity house, may be poor choices for the first few months of new sobriety.

Over a period of time, we weeded out those acquaintances who were more interested in drinking than us and vice-versa. We changed some of our modes of relaxing. We guarded against becoming dull or stick-in-the-muds and resisted evangelizing on the benefits of not drinking. Our involvement with moderate and non-drinkers increased and we tended to make friendships within those groups of persons. We really were amazed to rediscover old acquaintances who had steered clear of us in the past because of unpleasant drinking incidents.

A sense of humor has been one valuable possession. Those drinking years were not all horrifying daily torture but also we had enjoyable pleasant times to remember. Gaining some distance from certain occasions allowed humor to become visible in some cases. Loss of our sense of humor is a distress signal, for if we can not laugh at ourselves maybe we are thinking we are perfect.

You may wonder if you should quit using alcohol. Each person must investigate and make that decision. You and the problem drinker may want to discuss his or her feelings about your drinking or keeping liquor in the home. Many people can keep liquor in their homes and the person is not out of sorts by its presence. Other persons feel

more comfortable not having alcohol in the house. First you should know your feelings and thoughts on these matters and be willing to listen to each other's opinions. The first steps are the roughest, and if you are treating the problem drinker as a responsible adult, not pampering or walking on egg sheiis, adjustments can be made to suit both of you.

These questions concern sobriety but you may wonder whether or not you should drink with the problem drinker. If you abuse alcohol you can hardly be opposed to the problem drinker's abuse. A spouse may resort to heavy drinking as a means of escaping from the problem but using the same method of escape will not solve the problem. This method is burial of the problem with additional complications. Responsible use of alcohol is another matter. If you enjoy a drink when you are out to dinner, or other occasions, you will know best how if affects your plans for recovery and the relationship.

Consult the Resource Page for the names and addresses of places for information and assistance. We also invite you to contact us if we can furnish further information. Local groups of Alcoholics Anonymous and Al-Anon usually are available for information and group meetings. The Al-Anon Family groups offer valuable support and understanding and are worthwhile investigating.

Suggestions for Self-Motivation

The excerpt on Action Vs. Reaction taken from John Powell's book mentions the line from Shakespeare: The fault dear Brutus is not in our stars, but in ourselves. Ans so, instead of shrugging off bad moments, experiences or days, with, "Well, that's just my luck," we can examine the situation for possibilities of change.

You have heard those people who will say that as soon as they get involved in something, you can be sure everything will go wrong. If this fact is true, perhaps the person should check their patterns of handling matters as most persons are not pure omens of bad luck. All the things that go wrong, the schedules that get messed up, the frustrations of unplanned diversions, the feelings of entrapment into some ill-fated course may be that we are not victims of a tragic irreversibel pre-determined fate, but perhaps we are not taking sufficient charge of our own lives and direction.

We can not say that all people have been given an equal distribution of talent and abilities and some factors are unchangeable. However, each person has been given some talents, abilities, and qualities. How you view and use yours could determine your approach to living.

Some of our stories are worn and frayed but bear repeating to demonstrate a viewpoint: Two men had run out of gas driving along a deserted stretch of road. They had passed a sign indicating the closest town was a distance of ten miles. No traffic passed the stalled car they

noticed, so they decided to begin walking. The day was warming up and it wasn't long before the stroll on a pleasant day became hot and grueling. After due time they passed another sign that advertised a store just five miles down the road. The one man moaned and groaned, complaining about the five miles they had left to trudge. The other man had been perking up after reading the sign and this angered his friend adding more fuel to his blazing fury. He angrily blurted, "What in the world do you have to smile about, when we have five more long miles to walk!" His unperturbed companion now resting under the shade of a tree replied, "Well I was just feeling pretty good that we had come so far in such a short time when I noticed you were about to explode. I thought we had accomplished a good distance and half-way home. When we began I wasn't sure I could make it two miles much less ten."

Our perspective is of our choosing and looking backwards into the past to measure where we are not rather than how far we have come is discouraging to many persons.

The following are some suggestions that we and others have devised over time that can be helpful during those low moments, times of depression or discouragement:

1. Wasted time. If you feel you are achieving nothing in your day examine how you spend your day. Perhaps the schedule can be shifted to include an activity you enjoy creating a feeling of accomplishment. Evaluate if you are spending time talking on the phone when you would rather not. Are you constantly waylaid by unwelcome intrusions? This does not imply that all phone calls or interruptions

are unwelcome but being trapped in a frustrating situation calls for action. Remember the article that suggests sometimes you have to say no.

2. No energy. Might need a physical. Examine the number of hours of sleep you are getting. Is it possible you need more sleep? Or has sleep become an escape? Are you in a rut with routine? Examine the routine chores and assign some duties to others. Can you eliminate some tasks or cut down frequency? Set priorities-objectives.

3. Personal appearance. Are you neglecting your personal appearance? Getting dressed early on arising is important. Staying in a bathrobe is pleasant on an occasional day of indulgence but as a daily habit can be depressing. Get involved in some physical exercise such as walking. Check your list of things you like to do for some long put-off activity. Try something new and different or ask a friend to join you in walking, jogging, bike-riding. Investigate a new hair style or arrange a free make-up demonstration.

4. You are your own worst critic. Don't beat yourself over and over for an embarrassing incident. Going over and over something you wish you hadn't said or had said will not change the past. Instead of regretting what you did or didn't do, remind yourself of those times you have achieved. Make some lists about your positive assets. You can not redo the past but can learn from history. We sometimes are blowing things out of proportion because many times our actions are hardly noticed by others.

5. Decision-making. When we are feeling down or stuck in a routine, we experience difficulty in making decisions. Perhaps,

you are trying to make decisions about matters you don't have to face at this time. Make a list of some things you want to do this day and make the decisions about smaller activities and details. Using paper and pencil and listing advantages and disadvantages to a decision can be helpful in arriving at a realistic conclusion. Don't allow others to force you into making a decision that is not yours to make or you are not ready to make.

6. Change some routine. If you are avoiding reality by constant daydreaming or sitting in front of the television day after day, perhaps now is the time to take some action. Can you schedule some time for a break during the day when you can prop your feet up and pamper yourself? Stop at a certain time and relax in a hot tub of water. Accomplish a small task that can be completed and admired by you promoting good feelings within yourself.

7. No friends. Do you moan and groan that you don't have any friends. No one cares about you or likes you. Or maybe you wonder why your friendships seem to fall apart. Do you take the time to call a friend? Are you a good friend in all kinds of weather? Do you control or impose your values on others? Do you bring anything positive or interesting to the relationship? Friendship like many other things takes work to maintain.

8. Trapped. Do you feel trapped into certain patterns that spell failure for you? Do you get sick of hearing yourself complain about a situation but feel you can't do anything about it? Perhaps examining the situation and trying to stand back and evaluate your role in the pattern may reveal some necessary changes. Maybe it is a matter of

expressing your feelings or thoughts rather than remaining passive. Listing some of the rules or messages you have about a certain behavior or action may enhance your understanding of your involvement. Consider ways to change those old out-dated rules and the messages which inhibit your behavior. You can be daring in small ways.

DECLARATION OF SELF ESTEEM...

I am me.

In all the world, there is no one else exactly like me. There are persons who have some parts like me, but no one adds up exactly like me. Therefore, everything that comes out of me is authentically mine because I alone chose it.

I own everything about me-my body, including everything it does; my mind, including all its thoughts and ideas; my eyes, including the images of all they behold; my feelings, whatever they may be-anger, frustration, joy, love, disappointment, excitement; my mouth, and all the words that come out of it, polite, sweet or rough, correct or incorrect; my voice, loud or soft; and all my actions, whether they be to others or to myself.

I own my fantasies, my dreams, my hopes, my fears.

I own all my triumphs and successes, all my failures and mistakes.

Because I own all of me, I can become intimately acquainted with me. By so doing I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me. This is authentic and represents where I am at that moment in time.

When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting. I can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded.

I can see, hear, feel, think, say, and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore I can engineer me.

I am me and I am okay.

Satir, V. PEOPLEMAKING. Palo Alto, California: Science and Behavior Books. 1972

A responsible person who is fully human, alive and values self has been made by people who had:

Self-Respect and Respect for Him/Her

Valued His/Her Uniqueness

Recognized Own Areas of Inadequacies

Firm and Kind

Allowed The Person to Feel Natural and Logical Consequences

Invested Time in the Person

The Ability to Laugh

Hope that All Persons Can Change and Grow

The Ability to Take Risks

Listened and Responded Clearly

Understanding of Human Behavior

TWENTY QUESTIONS FOR THE FAMILY

In order to determine whether or not a drinking problem exists in your family, it is well to check over a list of test questions, and answer truthfully each of them.

		YES	NO
1.	Do you worry about your spouse's drinking?	___	___
2.	Have you ever been embarrassed by your spouse's drinking?	___	___
3.	Are holidays more of a nightmare than a celebration because of your spouse's drinking behavior?	___	___
4.	Are most of your spouse's friends heavy drinkers?	___	___
5.	Does your spouse often promise to quit drinking without success?	___	___
6.	Does your spouse's drinking make the atmosphere in the home tense and anxious?	___	___
7.	Does your spouse deny a drinking problem because your spouse drinks only beer?	___	___
8.	Do you find it necessary to lie to employer, relatives, or friends in order to hide your spouse's drinking?	___	___
9.	Has your spouse ever failed to remember what occurred during a drinking period?	___	___
10.	Does your spouse avoid conversation pertaining to alcohol or problem drinking?	___	___
11.	Does your spouse justify his or her drinking problem?	___	___
12.	Does your spouse avoid social situations where alcoholic beverages will not be served?	___	___
13.	Do you ever feel guilty about your spouse's drinking?	___	___

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		Yes	No
14.	Has your spouse driven a vehicle while under the influence of alcohol?	___	___
15.	Are your children afraid of your spouse while he or she is drinking?	___	___
16.	Are you afraid of physical or verbal abuse when your spouse is drinking?	___	___
17.	Has another person mentioned your spouse's unusual drinking behavior?	___	___
18.	Do you fear riding with your spouse when he or she is drinking?	___	___
19.	Does your spouse have periods of remorse after a drinking occasion and apologize for behavior?	___	___
20.	Does drinking less alcohol bring about the same effects in your spouse as in the past required more?	___	___

We have worked with hundreds of families in the past seven years and based on these experiences suggest the following scale in answering the attached twenty questions:

If you have answered Yes to any three of the questions, there is a definite warning that a drinking problem may exist in your family.

If you have answered Yes to any four of the questions, the chances are that a drinking problem does exist in your family.

If you have answered Yes to five or more, there definitely is a drinking problem in your family.

- NOTES -

- NOTES -

- NOTES -

- NOTES -

VOCABULARY

This list is based on those words and terms most frequently and commonly questioned by persons in our groups, classes and counseling sessions.

ABSTINENCE. Total abstinence; refraining completely from drinking any alcoholic beverage.

ADDICTION. Habit, dependence; psychological addiction to alcohol means that the person learns that alcohol relieves anxiety and through continued usage develops a need for alcohol to reduce anxiety.

AL-ANON. A fellowship of family members and friends of alcoholics who gather together for the purpose of helping themselves and each other. They use the Twelve Steps of Alcoholics Anonymous with minor adaptations.

ALATEEN. A fellowship for the teenage children of alcoholics. Alateen offers understanding of their parent's illness, companionship with others who have a similar situation and most of all a new way of living and thinking.

ALCOHOLIC. A person who has become dependent on the drug alcohol, consequently drinking more alcohol than the socially accepted norm; his/her excessive drinking damages his/her health and relations with family, friends and/or job.

ALCOHOL CONCENTRATION. The proportion of alcohol in a tissue or fluid, expressed as volume or weight of alcohol pervolume or weight of fluid or tissue.

ALCOHOL INTOXICATION. A state of pronounced disturbance of function resulting from the presence of alcohol in the central nervous system; the condition of being drunk.

ALCOHOLICS ANONYMOUS. A fellowship of men and women gathered together for the purpose of helping themselves and each other to gain sobriety and maintain sobriety. Condition for membership is a desire to stop drinking.

ALCOHOLISM. A progressive disease in which the individual is unable, for psychological or physical reasons, or both, to refrain from the consumption of alcohol resulting in problems in one or more areas of his/her life.

ALCOHOLIC BEVERAGE. Any beverage containing alcohol, such as beer, wine, distilled spirits.

ANTABUSE. A drug called Disulfiram which is introduced into the system of the person which when combined with alcohol will produce an extremely unpleasant reaction. The reaction may be vomiting, nausea, intense headache, decrease in blood pressure, blurred vision.

ATMOSPHERE OF REALITY. A mental and social environment that does not allow the manipulation or distortion of events, places, situations and/or people but recognizes things as they really are. The influence that demands that people be responsible for their own actions and behaviors.

BASIC PSYCHOLOGICAL NEEDS. As applies to human beings we perceive two most important: One, the need to love and be loved and second, the need to feel that we are worthwhile to ourselves and others.

BENDER. A drinking bout, episode of heavy continuous drinking.

BLACKOUTS. A loss of memory for a period of time, event or situation, but does not involve loss of consciousness. These periods may be undetectable by observors as the problem drinker is still on his/her feet functioning.

BRAIN DAMAGE. Injury to the cerebral cortex---enlarged cerebral ventricles---destruction of brain cells.

BRAIN SYNDROME. Dulling of senses, severe shakes, a result of withdrawal of alcohol in chronic late stage.

DELIRIUM TREMENS. Physical reaction to withdrawal of alcohol, "shakes."

ELAVIL. Anti-depressant drug, used for treatment of depression in chronic condition.

FAMILY SYSTEMS THEORY. Each person in a family unit plays a part in the way each person functions in relation to each other. This theory approaches a problem in the family as to what, how, when and where something is happening not why.

HALLUCINATIONS. The perception of sights and sounds that are not present, may be part of withdrawal in chronic condition.

HANGOVER. The immediate pathophysiological or pathopsychological after effects of drinking, usually of large amounts, other than effects of the presence of alcohol.

HIGH. Under the influence of alcohol or another drug to a mild degree.

INEBRIATE. An excessive drinker, an alcoholic.

INEBRIETY. Excessive drinking; alcoholism.

JELLINEK, E. M. He developed a formula for estimating the number of alcoholics in the United States using figures on the reported number of deaths from cirrhosis of the liver. Also, developed the Jellinek shart showing the phases in the development of alcohol addiction. Revised Jellinek Scale is 5 per cent of the population of a community.

KORSAKOFF'S SYNDROME. The impairment of the thought processes, confusion, loss of ability to determine time and place, unable to perceive reality but relapsing into memory and fantasy.

LIBRIUM. Tranquilizer.

PERIODIC DRINKING. A type of alcoholism characterized by bouts of excessive drinking with sustained intervals of abstinence or moderate drinking.

PEOPLE SENSE. Understanding the basic psychological and physical needs of people; being able to understand situations outside of one's own experience in order to facilitate relations with others.

PHASES OF ALCOHOLISM. Pre-alcoholic, Prodromal, Crucial, and Chronic phase; or simplified to early, middle and late stages.

PROBLEM DRINKER. Synonymous with alcoholic; A person who through excessive use of alcohol has problems in their life. This term is often more acceptable for use with a person or family in the initial stages of counseling and identification of a problem.

PROLIXIN. Tranquilizer.

RELAPSE. Alcoholism takes time to develop and recovery also takes time. Sometimes, even under treatment, the alcoholic may return to drinking, experience a recurrence of the disease. In no way should this be interpreted as hopeless. The alcoholic and the family will have to evaluate the treatment and recovery process in order to make changes.

SOCIAL DRINKER. A person who drinks on social occasions or with meals, but rarely to excess; suffers no consequences because of his/her drinking.

SYMPTOMS. A condition accompanying or resulting from a disease and serving as an aid in diagnosis.

THORAZINE. Tranquilizer.

VALIUM. Tranquilizer.

WITHDRAWAL SYNDROME. When alcohol is withdrawn from a person in a state of acute intoxication accompanied by long years of heavy drinking, the person may experience acute brain syndrome, hallucinations, and delirium tremens.

INFORMATION RESOURCES

It would be an impossible task to list all the local offices and groups of Alcoholics Anonymous, Al-Anon, AlaTeen, information offices and treatment facilities in existence in the United States and other countries. Therefore, we have listed some of the national information sources and those centers particularly involved in family training and treatment.

Al-Anon Family Group Headquarters, Inc. (AlaTeen)
P. O. Box 182
Madison Square Station
New York, New York 10010

Alcoholics Anonymous
General Service Office
468 Park Avenue South
New York, New York 10016

Center of Alcohol Studies
Rutgers University
New Brunswick, New Jersey 08903

Family Counseling and Education In Alcoholism
1005 Cherry Street
Columbia, MO 65201

Family Training Center
P. O. Box 1362
Columbia, MO 65201

Hazelden Foundation
Community Services Department
Box 11
Center City, Minnesota

Johnson Institute
7325 Wayzata Boulevard
Minneapolis, Minnesota 55426

National Alcoholism Training Program for Professionals
Social Science Institute
Washington University
P. O. Box 1202
St. Louis, Missouri 63130

National Center for Alcohol Education
1901 North Moore Street
Arlington, Virginia 22209

National Clearinghouse for Alcohol Information
Box 2345
Rockville, Maryland 20852

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RECOMMENDED READINGS

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ABOUT THE FAMILY TRAINING CENTER

The Family Training Center's programs on family and group counseling combine theoretical and experiential presentations in alcoholism, counseling, family systems and group process. The agenda offers activities involving the participants in the learning process giving them an opportunity to exchange ideas and experiences through discussion, exercises, role playing and group dynamics. The design of the program is to personalize information in order to expand a person's understanding of situations in the areas of alcoholism and family. This manual will serve as a guide and directive to the training emphasizing the early-intervention approach to problem drinking and treatment.

The assessment and communication of self is a significant ingredient in building a helping relationship and participants will be spending time observing their own reactions and attitudes to alcoholism, clients, sexuality, families and groups. A major protion of the program is devoted to presenting a family systems approach to understanding human behavior enhancing the participants' awareness of families in development, change, and crisis. Each person will explore his/her own feelings and thought processes as pertains to "family" in order to better assist and respond to persons within a family network.

Complementing these affective approaches and concepts in alcoholism and family systems is a practical presentation on the "hos to's" of developing, implementing, and/or broadening the family counseling services within a community agency or in-patient treatment setting.

The Center is located in a residential setting with a comfortable home atmosphere. Meals are prepared and served family style. The wooded acreage invites hiking and horseback riding is available. Swimming is available May through September.

The staff of the Center provides consultation and training throughout the country in counseling, administration, program and community development. For further information contact the Family Training Center, Box 1362, Columbia, MO, 65201, (314) 449-8423.

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